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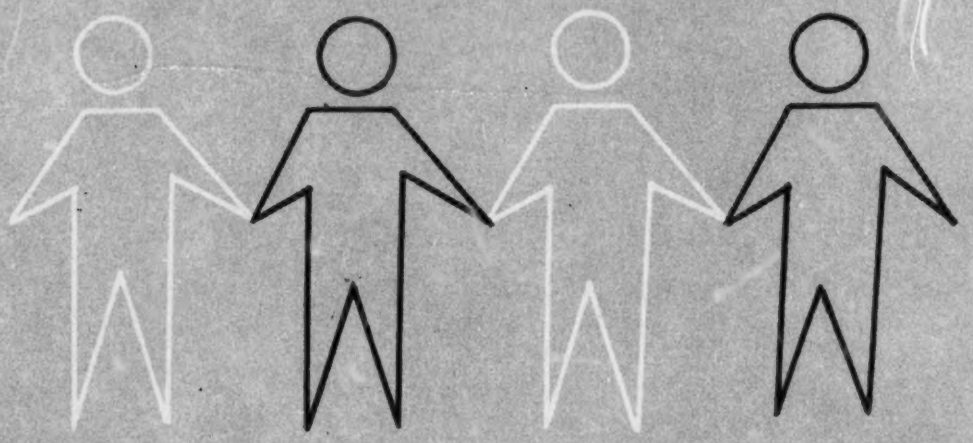
ABSTRACT

This is a summary of the final report, contained in Volume I and II, of the Statewide Planning Project for Vocational Rehabilitation Services which was established by the Governor to develop a master plan for vocational rehabilitation services. For an abstract of that report see VT 013 092. Other related documents are available as VT 013 093, VT 013 095, and VT 013 096. (GEB)

Statewide Planning for

Vocational Rehabilitation Services in Connecticut,

ED050282



VOLUME III — SUMMARY REPORT

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and

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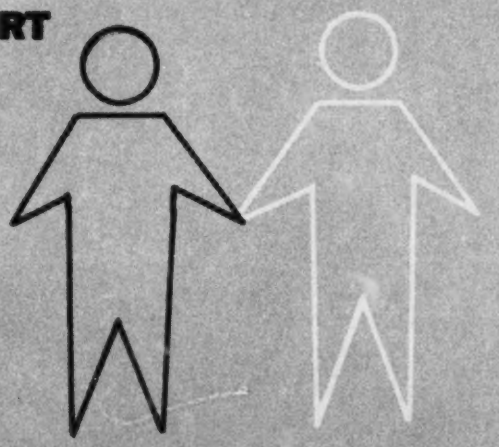

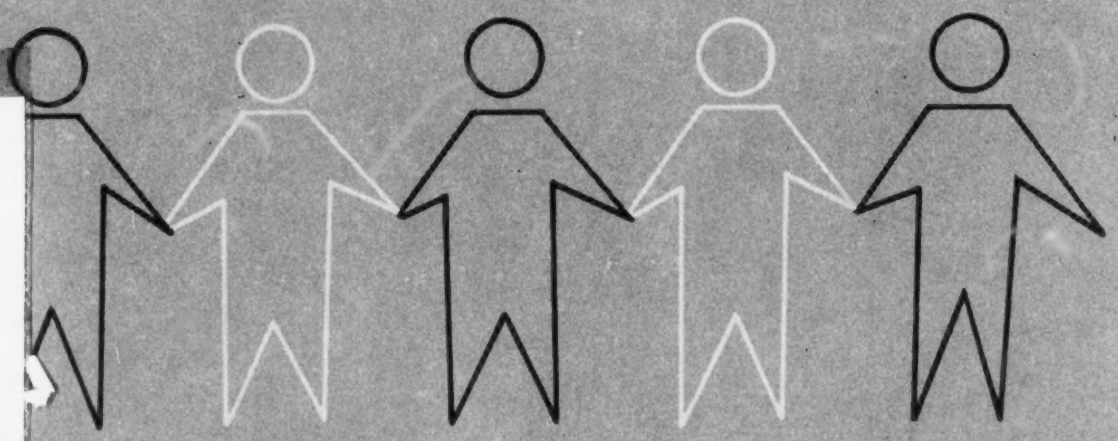

VT013094

HARTFORD, CONNECTICUT 1969

This planning program was supported by a grant, under Section 4(a)(2)(b), from the Rehabilitation Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C.

INCLUSIVE PERIOD OF PLANNING PROJECT

October 10, 1966—October 10, 1968

DECEMBER 30, 1968

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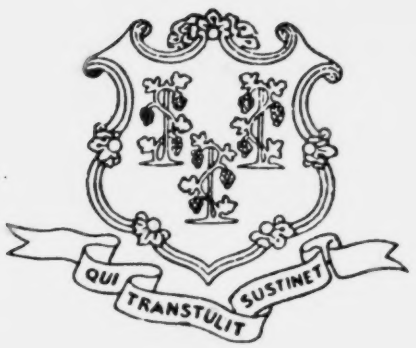

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Submitted by
State Planning Council for
Vocational Rehabilitation Services

HARTFORD, CONNECTICUT 1969

JOHN DEMPSEY
GOVERNOR

STATE OF CONNECTICUT
EXECUTIVE CHAMBERS
HARTFORD

This plan, developed over the past two years, stands as an important milestone in our continuing Connecticut effort to improve State services in the vital area of vocational rehabilitation of the handicapped.

The citizens of our State have good reason to be grateful for the time, effort and interest devoted to compiling this report by the dedicated men and women who have participated in it.

I thank the members of the State Planning Council for Vocational Rehabilitation Services, under chairmanship of Mr. Joseph Ress, of Hartford, who have supervised the final year of this two year planning period.

We are grateful, too, to members of the five regional committees which worked with the Council to identify specific needs in various areas of our State and to the five technical advisory committees which provided valuable consultative services. Staff contributions have also aided materially in bringing this plan to reality.

The valuable initial effort expended by the former Citizens Advisory Committee on Vocational Rehabilitation, appointed by the State Board of Education, brought essential initial impetus to the project during its first year.

I am asking our State Planning Council to take this plan and use it as the blueprint for working toward expanded opportunities in vocational rehabilitation so that they can be extended to all handicapped persons in Connecticut who need them.

This effort to provide improved opportunities will continue to have my support.

Governor

February, 1969

STATE PLANNING COUNCIL FOR VOCATIONAL
REHABILITATION SERVICES
600 Asylum Avenue, Room #104
Hartford Connecticut

February 3, 1969

His Excellency John N. Dempsey
Governor of Connecticut
State Capitol
Hartford, Conn.

Your Excellency:

As Chairman of the State Planning Council for Vocational Rehabilitation appointed by you in the Fall of 1967, it is my privilege to present to you the final report on the Statewide Planning Project for Rehabilitation Services in Connecticut.

It was your interest, support and cooperation which furnished the incentive and inspiration which moved all of us to give this exciting task our very best efforts. We are grateful to you for your concern for Connecticut's handicapped and for your continuing attention to their needs.

As you know, many private citizens throughout the State made important contributions to the work of the Planning Council and to the development of this report. As for the members of the Council, I can not speak highly enough of their dedication and attention to the project.

Most particularly I single out for special mention to Your Excellency the invaluable contributions made by the Executive Committee. The members of this group are Miss Ann Switzer, Executive Director of the Connecticut Association for Retarded Children, Miss Gertrude Norcross, Executive Director of the Connecticut Association for Crippled Children and Adults, Arthur DuBrow, Director, Mental Retardation Services of the Office of Mental Retardation, State Department of Health, and Dr. George Sanborn, Chief, Office of Departmental Planning, State Department of Education. They gave unstintingly of their time, energy and experience in the compilation of this report. Their devotion to the project is in large part responsible for the thoroughness of the study and the recommendations.

The Planning Council is also grateful to Mr. Frank Grella, Associate Professor of Management, University of Hartford, and Assistant Director and Research Planning Associate of the Project, and Mrs. Helen Hathaway, Publications Associate of the Project, who assumed great responsibility for the editing and preparation of the report for printing purposes.

The report is the culmination of a two year study made possible by a Federal grant focusing on the present and future needs of Connecticut's handicapped citizens. It contains numerous suggestions and recommendations concerning the implementation of those recommendations with a target date of June 1975.

The report is in three volumes: the first, a formal report; the second, an appendix containing all the supportive material gathered by the Project Staff, Regional and Technical Advisory Committees, and staff consultants; the third, a summary of the report prepared for general distribution.

Again we are most grateful to you for your confidence and encouragement.

Sincerely yours,

Joseph W. Ress

Joseph W. Ress
Chairman

A STATEMENT FROM THE PROJECT DIRECTOR
WESLEY C. WESTMAN, Ph.D.

At the start of the Statewide Planning Project, the mission of the project, as stated in the guidelines, appeared to be a rather straightforward task of assessing the present level of services and the extent of disability, in order to formulate a plan to close the existing gap between the two by 1975. As it has turned out, the task as described had very little relationship to the amount and kind of work necessary to its completion, and the final report represents many hours of work on the part of the Project Staff, the Planning Council appointed by the Governor, and the Regional and Technical Advisory Committees.

It has been said that the most stringent test of a society is the way it treats its disabled members. The appeal to the basic humane qualities of man has historically been the reason both public and private organizations serving the disabled have flourished in the past and, no doubt, will continue to do so; but the situation has changed radically today. Since we are serving a wider range of people with a wider range of problems than ever before, the number serving them will have to increase much more rapidly than any public program has in the past, to meet their needs by 1975. In addition, in the past, we may have largely ignored the most salient argument in promoting rehabilitation programs: rehabilitation, besides being in keeping with our best democratic ideals and humanitarian goals, is extremely good business. Investment in human resources pays bigger dividends than the finest blue chip stocks. Part of this report shows that for every dollar invested in a disabled person, the return in lifetime earnings is many times greater. This is called the "cost-benefit ratio."

A cost-benefit ratio sounds academic and cold, seeming to deny that living, breathing human beings are involved in giving and receiving services to improve the quality of their lives. On the contrary, if human services agencies are to make themselves equal to the task that lies ahead, they will have to adopt the most

modern scientific management techniques to insure that more living, breathing human beings are going to get more services at the least possible cost. Otherwise, our good intentions and professional training will not be enough to fill the needs of the thousands of persons waiting for services.

The history of rehabilitation has been a recording of valiant efforts on the part of people working under incredible difficulties: overlarge caseloads; too little money to serve the people they worked with; very often having to invent their own ways of handling problems which arose, with the help of agencies, institutions, and people of goodwill in the community. But the problem has increased, as more and more people have been defined as eligible for services, and more money becomes available. No person who has worked in this movement deludes himself into thinking that simply more money and more staff will solve the entire problem. New techniques, new treatment modalities, better diagnostic methods, and more cooperative efforts with other agencies, public and private, will all be required to cope with these conditions, as well as the many problems that we cannot even anticipate at the present time. But those of us who have worked on planning for the future dedicate our work to those who have served the rehabilitation movement in the past; for, indeed, without their efforts, a future would not be possible. A strong tradition of nearly fifty years of working with people successfully is the sturdy foundation of our present program.

It is our hope that our plans will be effective plans, that they will allow these people to carry on their work more efficiently and with less stress and strain. Finally, the central concern of the Project has been, from the start, the disabled citizens of Connecticut who are waiting to be served. Well-planned and orderly growth has been the tradition in Connecticut, and we hope to have carried this tradition in our report. More than anything else, it has been the image of the person unable to work, with the resultant loss of human dignity, which has been the constant motivation for our work.

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VOCATIONAL REHABILITATION—THE PAST

Occasionally throughout history, an era earns a soubriquet uniquely expressing the special quality of that particular time. There has been an "Age of Reason," an "Age of Elegance," an "Age of Romanticism," to name but a few. Perhaps the age we live in will someday be known as the "Age of Concern." After untold years of public indifference, sometimes lapsing into antagonism, toward the handicapped, the people of America are beginning to listen to the voices of their collective conscience and to their new awareness of the economic facts of life.

Rehabilitation, per se, is as old as the history of man, but vocational rehabilitation had its beginnings in America around the start of 1920, when a growing awareness of the intrinsic dignity of man led us to realize that manpower is a precious resource, to be nurtured and used productively. Vocational rehabilitation was firmly based on both humanitarianism and practicality, since the basic aim has been to restore the handicapped person to a productive existance.

Connecticut's first steps in the field were taken in 1929, when the Connecticut State Legislature accepted the Vocational Rehabilitation Act, and began its own legislation to augment the national program. From 1930 to 1934, Vocational Rehabilitation in Connecticut was a one-man operation, with Mr. Edward P. Chester the sole supervisor and counselor. In 1934, the Legislature appropriated a special fund to provide five counselors, but in 1935, they reduced it once more to the original format.

After 1940 the Vocational Rehabilitation experienced steady growth, from Bureau to Division, from three workers (1940) to the present approximately 170, including consultants, specialists, supervisors, counselors and clerical workers, present five district offices, each with local offices within the district, the whole directed by the central office of the Director in Hartford. Concurrent with the steady growth of the staff has been consistent growth in the number of clients receiving services year by year. In 1930, one hundred fifty-nine clients were served; in 1955 there were 3409 clients listed. In the next advancement, in 1966 the Connecticut legislature elevated the Bureau of Vocational Rehabilitation from its status of Bureau, to a Division, and a serious program planning was initiated at once. By 1975, the national goal of Vocational Rehabilitation is 100% service to all who are eligible—a greatly increased group since the Federal Amendments of 1968 widened the definition of eligibility to include the socially and culturally disadvantaged, as well as alcoholics, addicts, and the possessors of prison records.

Aware that the growth of Rehabilitation could no longer follow the historical lines of the past, and that greatly increased demands on services could not be met without considerable planning, the Vocational Rehabilitation Administration in Washington set up the State-wide Planning Project so that each state could take a thoughtful look at the present, and attempt to plan a future which will give services to all the nation's disabled by 1975.

NOW

In the summer of 1966, Governor John N. Dempsey accepted a two-year planning grant from the Vocational Rehabilitation Administration of the Department of Health, Education, and Welfare to develop a comprehensive plan for vocational rehabilitation in the State of Connecticut. This study, similar to those conducted in every state and territory of the United States, was designed to investigate the present status of rehabilitation and the growth which will be necessary to meet the growing need for this field of endeavor. Governor Dempsey designated the Division of Vocational Rehabilitation as the agency to carry out this study of the needs of disabled citizens. Thus, the Statewide Planning Project for Vocational Rehabilitation Services was begun in October 1966, with Dr. Westman appointed as Project Director. Other staff members were added in the spring of 1967.

Statement of Purpose

The purpose of the Project, a result of the increased power and scope granted by the Vocational Administration Act Amendments of 1965, is to develop a master plan for vocational rehabilitation services in the State, which will improve both the quality and the quantity of these services to the disabled of Connecticut. The disabled citizen is the central concern of the Project.

Vocational Rehabilitation is, moreover, clearly in the interest of all concerned. It is in the best interest of the individual because it provides economic independence and a sense of vocational competence, with the concomitant increase of self-esteem and human dignity which results from this process. It is in the interest of society, as it reduces social dependence and invests public monies in human resources. A recent cost benefit analysis conducted by the Rehabilitation Services Administration found that each of the clients served during 1966 will experience an increase of $35 in his earnings and value of work activity, over the period of his working life, for every dollar expended on him. He will return many times the amount spent on him to local, state, and Federal tax coffers. The program has the advantage of being a humanistic activity which is also very sound fiscal policy.

The general purpose of the planning program is to remove barriers to employment for disabled citizens of Connecticut. In order to do this, several specific objectives are included:

1. To identify by number and category those disabled citizens who are in need of vocational rehabilitation services, by means of sample studies of the handicapped population and use of past studies and reports.
2. To prepare a written plan which will identify, analyze, and evaluate program goals, the staff and financial support needed to achieve these goals, with full geographic coverage by all programs offering vocational rehabilitation services. This will include planning for special facilities and workshops for the handicapped.
3. To identify the barriers which prevent or delay needed vocational rehabilitation services for the handicapped.
4. To identify vocational rehabilitation resources required to meet future needs, including the necessary legislative action, community support, costs, and steps required to facilitate the achievement of statewide goals among the governmental and voluntary programs at state and local levels. These should be expressed in both interim and long-term goals.

5. To determine the ways in which governmental and voluntary programs may be coordinated and reorganized, if necessary, to develop services which will more effectively meet demonstrated needs.

These objectives are taken from the Rehabilitation Services Administration's *Guidelines for Statewide Planning Projects for Vocational Rehabilitation Services.*

Scope of the Program

The scope of the Statewide Planning Project is one which includes citizens, agencies, both public and private, and representatives from professional groups throughout the State. The geographical coverage includes, of course, the entire State, broken down into five districts, defined administratively by the Division of Vocational Rehabilitation as those districts centering around Hartford, New Haven, Bridgeport, Waterbury, and Norwich.

The scope of the planning effort involves taking advantage of past studies and working toward extended and improved services through the use of Regional Committees, Technical Advisory Committees, and the Planning Council for Vocational Rehabilitation Services. All disabilities are being included in the study, both physical and mental, as well as the problems of the socially, economically, and educationally disadvantaged.

There is a separate project, currently active within the State, which is studying Rehabilitation Workshops and Facilities; and this project is working closely with our own. The data collected through the separate project will be incorporated in the final report, but an attempt has been made not to duplicate effort.

Designated Organization

In a letter dated February 1, 1966, directed to Miss Mary Switzer, Commissioner of the Vocational Rehabilitation Administration*, Governor John N. Dempsey wrote, "I hereby designate the Division of Vocational Rehabilitation, State Department of Education, State Office Building, Hartford, Connecticut, as the Connecticut agency to administer the above program." The Connecticut Division of Vocational Rehabilitation subsequently applied for and received funds to set up the Statewide Planning Project for Vocational Rehabilitation Services.

Policy Board

During the initial year, the Citizens' Advisory Committee for the Connecticut Division of Vocational Rehabilitation, appointed by the State Board of Education, served as Advisory Committee for the Project, also. However, Rehabilitation Services Administration officials suggested that the Governor appoint a larger committee, with a nucleus of members of the Citizens' Advisory Committee, as a new policy-making board. As a result, on January 5, 1968, Governor Dempsey announced the appointment of the Planning Council for Vocational Rehabilitation Services which would serve for the lifetime of the study.

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*Since renamed the Rehabilitation Services Administration of the Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C.

STATE PLANNING COUNCIL FOR VOCATIONAL REHABILITATION SERVICES

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*Miss Gertrude Norcross, Executive Director
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Carmen C. Romano, Director
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*George E. Sanborn, Ph.D. Chief
Office of Departmental Planning
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*Miss Ann Switzer, Executive Director
Connecticut Association for Retarded Children, Inc.

George R. Walker, M.D. Coordinator
Comprehensive Health Planning
Department of Health

Thomas Yoczik, Chief
Apprentice Training Division
Labor Department

*Member of Executive Board.

Technical Advisory Committees

Five Technical Advisory Committees were formed, the chairman of each an expert in the field involved. Each chairman then selected his own committee to gather material and make recommendations to the Project Staff. The topics covered include Legislation, Research, Inter-agency Cooperation, Job Market and Manpower, and Incidence of Disabilities.

The work of the Technical Advisory Committees was facilitated by the technical skills and experience which they brought to their meetings. They did not require extensive orientation on the subject matter with which they were dealing; all that was necessary was a briefing on what would be expected of them, specifically with regard to the work of this Project. Bi-weekly meetings were planned to take place after the initial meetings. A list of names and affiliations was composed after all the nominees had been contacted by the respective chairmen, and this was returned to the Project Staff. A letter was sent out over the signature of the Policy Committee Chairman, Mr. Joseph Ress, formally requesting their participation.

TECHNICAL ADVISORY COMMITTEE ON THE INCIDENCE OF DISABILITIES

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Connecticut Society for Crippled Children and Adults

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Department of Physical Medicine
Hartford Hospital

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Employment Service for the Handicapped

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R. R. Donnelly and Sons Company, Saybrook

Carmen Romano, Director
Dwight Project
Redevelopment Agency

Henry Silverman, Business Manager
Sheet Metal Workers' Local 40, Hartford

Roger S. Skelly
Connecticut State Employment Service

Richard M. Spector, Supervisor
Labor Information
Employment Security Division
State Labor Department

Richard Woodruff, President
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Thomas Yoczik, Chief
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State Commission on Human Rights and Opportunities

Joseph R. Galotti, Services Specialist
Division of Vocational Rehabilitation, Hartford

William F. Hill
Veteran Employment Representative
State Department of Labor

Mrs. Helen Loy
Loy Associates, Hartford

James F. Morrison, Chief of Staff Services
State Welfare Department

C. Perrie Phillips
Commissioner of Personnel
State Office Building

George E. Sanborn, Ph.D.
Office of Departmental Planning
State Department of Education

Mrs. Gloria Schaffer, State Senator
Woodbridge

Wesley C. Westman, Ph.D.
Statewide Planning Project for Vocational Rehabilitation Services

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University of Connecticut
Rehabilitation Counselor Training Program

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Stamford Hospital

John T. Flannery, Research Analyst
Welfare Department

Harris Kahn, Ph.D., Director
Rehabilitation Research Training
University of Connecticut

Merton S. Honeyman, Ph.D.
Office of Mental Retardation

Alfred H. Horowitz, Director
Connecticut Labor Department

Wilson Fitch Smith, M.D., Member
Advisory Board for Hartford Rehabilitation Center

Leo Sperling, Director of Research and Evaluation
Developmental Program
Board of Education, Bridgeport

Regional Committees

Five Regional Committees, representing each of the districts, were formed in the summer of 1967. Each group purported to be a cross-section of the region, including representatives of related agencies, rehabilitation-related professionals, employers, labor unions, legislators, and private citizens interested in the growth of rehabilitation services. Members of the Advisory Committee, Vocational Rehabilitation personnel, and members of the Project Staff presented names of

possible members, who were then invited to become part of the group. Once formed, each Regional Committee studied the special vocational rehabilitation needs of its particular region, recommending the proper approaches for expansion of services to meet the needs peculiar to that area.

In their monthly meetings, each attended by a member of the Project Staff (ex officio) acting as a resource person, a pattern developed which demonstrated the great value of such gatherings. . . . For example, all five committees were interested in greater interagency cooperation, and in educating the public in the scope of vocational rehabilitation. On the other hand, each committee mirrored the essential qualities of its own region[1], three largely engrossed in urban problems, the others more concerned with rural and institutional issues.

Membership of each committee increased, as the year advanced, to include a wider sampling of the region, as members began to realize the necessity for covering all phases of life in each section. The final reports of each committee will be found in Chapter III of Volume II of this report.

Names of committee members are listed on the following pages.

[1]Appendix, Chapter III.

BRIDGEPORT REGIONAL COMMITTEE

Chairman
EDMUND McLAUGHLIN
Executive Director
Rehabilitation Center of Eastern Fairfield, Bridgeport

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Goodwill Industries, Bridgeport

Warren C. Bower, Ph.D.
Meriden

Mrs. Lillian Craig
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H. Philip Dinan, Jr., M.D., Administrator
Office of Humane Affairs, Bridgeport

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Kennedy Center, Bridgeport

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Division of Vocational Rehabilitation, Bridgeport

Mrs. Edna Jones
Wilton

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Society to Advance Retarded Center, Norwalk

Mrs. Charlotte Kaufman, Executive Director
Family Life Film Center of Connecticut
Fairfield University

Paul A. Lane, Ph.D., Director
H. P. Dinan Evaluation Center, Bridgeport

J. Leonard Lyons, Vocational Rehabilitation Supervisor
Division of Vocational Rehabilitation, Bridgeport

Paul G. Littlefield, Assistant Director
Aid to Retarded Children, Stamford

William M. Metzger, Director
Danbury Association to Advance Retarded

Miss Ruby Oscarson, Director
Rehabilitation Center of Southern Fairfield County, Stamford

Louise Soares, Ph.D.
University of Bridgeport

Mrs. E. B. Thompson
Action Bridgeport Community Development

Mrs. Sylvia Trachtenberg, Counselor
Division of Vocational Rehabilitation
Central High School, Bridgeport

George J. Trent, District Supervisor
Division of Vocational Rehabilitation, Bridgeport

Ralph S. Welsh, Ph.D.
Bridgeport

Hugh Wentworth
Community Council, Stamford

Ansley Whatley, Director of Workshop
Society to Advance Retarded Center, Norwalk

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*Deceased, September 7, 1968.

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Public Hearing, May 14

William J. Sanders, Ph.D., Commissioner of Education, Joseph W. Ress, James S. Peters II, Ph.D., Director of the Division of Vocational Rehabilitation, Ella T. Grasso, Secretary of State

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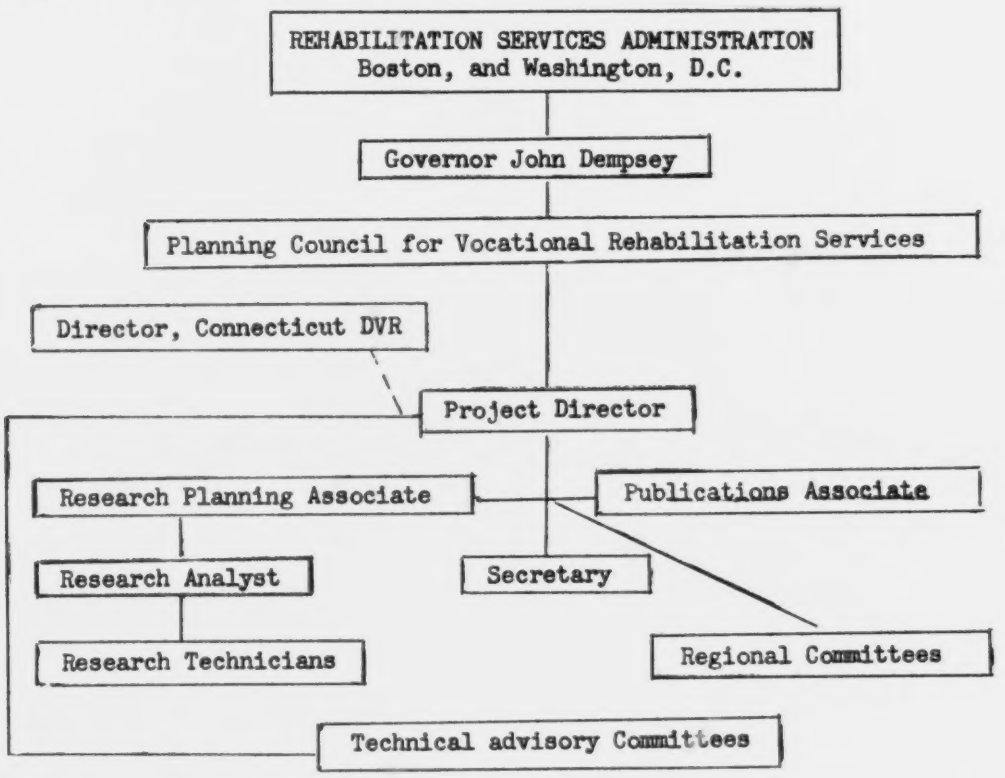
Organizational Chart—Statewide Planning Project



Method of Operation

In setting the design for the Statewide Planning Project, it was necessary to consider the relative merits of regionalized planning and the task force approach. The tradition of regionalized planning initially established by the Connecticut Development Commission was also used by the Statewide Mental Health Project. On the other hand, the Mental Retardation Study used a task force approach, keeping the regional approach intact by recommending priorities based upon regional needs. It was finally decided to adapt both approaches to the specific needs of Vocational Rehabilitation.

The Vocational Rehabilitation Districts in this State are mixtures of urban-suburban centers and rural centers. The crescent-shaped population center proceeding from New York City through Stamford, Bridgeport, and New Haven, turns northeastward at New Haven, proceeding to Hartford. The three District Offices, at Bridgeport, New Haven, and Hartford, are urban-suburban centers of activity, but the Norwich and Waterbury Offices serve rural populations, with some admixture of urban. It was obvious that such wide regional dissimilitude would require regional planning as the cornerstone of the Project. At the same time, it was clear that there was a need for technical advice from professionals with special knowledge and skills in the areas of primary concern to the State.

Consequently, a plan was developed to organize and orient a group of five regional committees congruent with the regions served by the District Offices of the Division of Vocational Rehabilitation. There were at least five other existent breakdowns available, all of which involved more districts or regions than the one chosen; and, in the case of one region (Waterbury), perhaps some other means of division would have been more useful, since the Waterbury region contains both the Naugatuck Valley, centered in the City of Waterbury itself, and the Torrington area, possessing entirely different problems and planning. However, because of time and staff limits, it was decided that these Vocational Rehabilitation regions would serve the purposes of the Project best, as the Director of each District Office would be available as a resource person, serving ex-officio on each committee.

Once organized, the Regional Committees met each month to discuss the needs of each individual region. As the year advanced, several of these committees divided into sub-committees, meeting during the month and reporting to the main Committee at the monthly gathering. In the course of attendance at these monthly meetings, staff members gained an increased appreciation of the Regional approach; each committee developed topics peculiar to its own area, yet some themes recurred in every group,—mainly, the larger issue of interagency cooperation and coordination and the need for education of the general public in the aims and usages of vocational rehabilitation. Twice during the course of the Project, chairmen of the five committees met with the Executive Council, the first time to report their progress, and to assist in the planning of the Public Hearing. At the final meeting of the Executive Council and the Regional Chairmen, a decision was made that these Regional Committees continue to hold a watching brief,—i.e., serve in a coordinating and planning function—in each District, under the auspices of the newly established Research, Planning, and Development organization which is an outgrowth of the Statewide Planning Project.

During the last year of the Project, Technical Advisory Committees were formed to study the five fields of Interagency Cooperation, Incidence of Dis-

abilities, Job Market and Manpower, Research, and Legislation. These committees, each with a chairman selected by the Director and the Executive Committee, and comprised of experts in each of the five fields, reported in depth on each of the topics, adding considerably to the factual and conceptual material necessary for the study.

During the entire term of the Project, the work of the Staff was about evenly divided between research and establishing common ground on which to meet with professionals in fields related to rehabilitation and with the general public, in order to lay a groundwork for continuing cooperation among agencies and the public, which is so necessary if the public is to be properly serviced by Vocational Rehabilitation.

The research unit, supervised by the Associate Project Director, provided statistical material for the Regional and Technical Committees and carried through the long and arduous task of compiling the necessary data for the final report.

Meanwhile, the editorial unit, in addition to forming and working with the Regional Committees through the newsletter and similar informational releases, was establishing a method of communication among related agencies.

As part of its ongoing service, the Research, Planning, and Development Unit —an outgrowth of the Statewide Planning Project—has scheduled the establishment of a library of pamphlets, articles, and other publications related to the field of rehabilitation, which will be available to professionals and students who may be in search of such information.

LOOKING AHEAD

Determining the number of vocationally disabled in the State, and the number of this group eligible for vocational rehabilitation services is a difficult matter. Eligibility has long been based on the presence of a physical or mental disability, the existence of a substantial handicap to employment, and a reasonable expectation that vocational rehabilitation services may assist the individual to engage in gainful occupation in a workshop situation, in competitive labor or maintaining a home. According to the 1967-'68 estimates, based on these criteria there are approximately 110,300 eligible for Vocational Rehabilitation Services in Connecticut at this time.

With the passage of the Federal Amendments to Vocational Rehabilitation of 1968, eligibility has been extended to the culturally and socially disadvantaged, which include:

> Individuals disadvantaged by reason of their youth or advanced age, low educational attainments, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment, and other members of their families when the provision of vocational rehabilitation services to family members is necessary for the rehabilitation of an individual described above.

Through these amendments, approximately 37,000 disadvantaged have become eligible for services. However, there is so much overlapping of eligibilities that reasonable estimates cannot as yet be established, and this study will use the estimate of 110,300 in need of vocational rehabilitation in Connecticut.

> RECOMMENDATION 1: In Planning and programming for the immediate future, it is recommended that present estimates of disability be used. For the future, Vocational Rehabilitation should explore with appropriate agencies and institutions the feasibility of a uniform reporting system that would record prevalence of the various disability categories to the extent that is possible for the benefit of interested agencies and professional groups.

> RECOMMENDATION 2: Systematic research must be designed to establish as firmly as possible the dimensions (size-number) of the problem categories of disabilities and to explore the extent of the wider population to be served resulting from the definitions in the 1968 Amendments, including minority groups, youth, aged, criminals or delinquents, and related categories of disability.

More accurate estimates must be developed, since budgets and personnel requirements are contingent on the nature of the population. In addition, the nature of the case load also determines the benefits which flow from the Vocational Rehabilitation program.

NUMBER OF PERSONS WHOSE MAJOR ACTIVITY IS PREVENTED

VRA Codes	DISABILITY	1967 Estimate on Population of 3,000,000	1970 Projection on Population of 3,196,200	1975 Projection on Population of 3,652,300
100-119	Blindness	300	300	400
120-149	Other visual	9,200	9,800	11,200
200-229	Hearing	3,200	3,400	3,900
300-399	Orthopedic and Functional	29,400	31,300	35,800
400-449	Absence or Amputation of Members	700	700	800
500-522	Psychotic/psychoneurotic/behavioral	7,400	7,900	9,000
530-534	Mental Retardation	7,400	7,900	9,000
600-609	Cancer	100	100	100
610-619	Allergic, Metabolic	6,100	6,500	7,400
620-629	Blood Diseases	No Estimate		
630	Epilepsy	700	700	800
639	Nervous System	No Estimate		
640-644	Cardiac	17,500	18,600	21,300
645-649	Circulatory	10,000	10,600	12,200
650-659	Respiratory	4,900	5,200	6,000
660-669	Digestive	8,300	8,900	10,100
670	Genito-Urinary	4,100	4,400	5,000
680-689	Speech	1,000	1,100	1,200
690-699	Not Classified	No Estimate		
	TOTALS	110,300	117,400	134,200
SOCIALLY AND CULTURALLY DISADVANTAGED		37,000	39,400	45,000

DISABILITIES STUDIED

The Blind

In Connecticut the blind are rehabilitated by a separate agency, The Board of Education and Services for the Blind, which maintains its own registry, and institutes its own programs. Its rehabilitation division receives about 190 new referrals a year, and at present, the majority of blind in the State in need of services are receiving them, except the geriatric blind. Although they are over employable age, making it difficult to justify services, they desperately need training in adjustment to blindness, mobility, grooming and other daily living activities.

RECOMMENDATION 3: Federal Legislation should be passed changing eligibility requirements to include for services the geriatric blind who have no vocational potential but who need personal adjustment training. Appropriate funding must also be made.

The policy of the Board to integrate the blind into a sighted world is admirable; however, the multiple-handicapped blind often need highly specialized services and longer evaluation and training than the average newly blind, mobility training, personal adjustment training, psychotherapy. Many general rehabilitation centers and workshops lack facilities and personnel trained to work with these blind, who are often less flexible and less productive than other handicapped.

RECOMMENDATION 4: A regional comprehensive residential facility should be established for several New England states to provide a variety of services to the multiple-handicapped blind who cannot be served in a general rehabilitation center.

Blind girl at Oak Hill School for the Blind in Hartford studies geography with aid of sectional relief map. Through fingertip exploration of relief sections depicting mountains, valleys, rivers, etc., students learn general contour of continents by first identifying and then fitting together individual countries or states that make up the entire land mass.

The State Board of Education and Services for the Blind and the Divisions of Vocational Rehabilitation of Connecticut and the other New England States should encourage existing centers to apply for a federal grant to accomplish the needed expansion. Daily cost of operation could be assessed to the agencies as case service cost for use of the facility.

The Deaf

There are two schools in Connecticut serving the deaf, the American School for the Deaf in Hartford, and the Mystic Oral School for the Deaf. In addition, seventy-six of the one hundred sixty nine school systems have speech and hearing programs in their public schools. Occupationally, however, the young deaf adult seems not to have fared as well. In a recent study by George N. Wright and Ann Beck Trotter, *Rehabilitation Research*, published by the University of Wisconsin, there was strong evidence that there is great need of regional technical-vocational training centers, as comparison with young hearing adults evidences a higher unemployment rate, lower wages, and a greater proportion of unskilled or semi-skilled occupations among the young deaf adults.

Heart Disease, Cancer, and Stroke

Although heart disease, cancer, and stroke accounted for two-thirds of Connecticut deaths in 1966, and slightly more than two-thirds in 1967, they comprise only a small portion of the case load of the Division of Vocational Rehabilitation. Owing to the seriousness of these chronic conditions, it is unlikely that services will be expanded until more adequate medical treatments for them are found. An awareness of need for further work in this field may be seen in the University of Connecticut's concentration on these diseases as core matter in their Rehabilitation Research Program.

The Mentally Ill

Vocational planning, preparation for vocational readjustment, and vocational readjustment should be part of the treatment process for both hospitalized and outpatient mentally ill. To facilitate this, all hospitals and outpatient clinics should have vocational rehabilitation counselors with more than usual psychiatric and therapeutic orientation to plan work therapy with community industry, and to initiate each patient's vocational rehabilitation plan well before he is discharged from the hospital, and transferred to a counselor in his community. A new counselor specialization, the psychiatric vocational counselor, may be required.

Currently, four counselors work within state mental hospitals, screening clients, working with the staff, and beginning vocational rehabilitation services within the hospital setting. If all the patients in the mental hospital were to be served by these four counselors, each would have an impossible case load of approximately 1500 clients.

RECOMMENDATION 5: The number of counselors in the state mental hospitals should be increased gradually over the next 7 years. Initially, one new counselor should be added to the staff of each of the three state mental hospitals, and another new counselor should be added each year until reasonable case-load levels are reached.

For the counselor functioning in a district or local office, a case transferred to his case load from the hospital would require only continuing the vocational plan already begun in the hospital and coordinating with other needed services: public health nursing services, foster family case, convalescent nursing, rehabilitation in centers, work services, and ex-patient groups.

Since almost half of the Division's case load (47%) suffers from some kind of mental disorder, more formal structured relationships are needed with the

Department of Mental Health and allied professionals in the community. With such agreements, more contact and cooperation among professionals currently in State employment would be less expensive, and better for the individual clients than hiring full time consultants in psychiatry, psychology, and social sciences.

> RECOMMENDATION 6: Comprehensive written working agreement must be made between the Department of Mental Health and the Division of Vocational Rehabilitation.

The concentration of the case load in mental disorders demands that counselors receive more training in psychology, as well as more experience in working with the mentally ill. One solution, a long range one, might be the creating of a research and training center, jointly sponsored by the Division of Vocational Rehabilitation and an institution of higher learning in the State. A more immediate solution is the workshop approach, in which a structured relationship with the Connecticut Mental Health Center might allow rehabilitation counselors assigned to this field to have supervised training in the unique needs of mental patients, for a four to six week period. In the same way, counselors whose work lies mainly with the drug addicts or alcoholics might have similar training at the Blue Hills Clinic, which is operated by the Division of Alcoholism and Drug Dependency of the Department of Mental Health.

> RECOMMENDATION 7: The Division of Vocational Rehabilitation and the Department of Mental Health should establish a workshop training program to benefit clients and patients with mental disorders in the state.

During the Public Hearing held May 14th, the growing problem of Alcoholism was discussed at length, both testators mentioning the effectiveness of Alcoholics Anonymous. The New Haven Regional Committee also urged that the Division support this organization.

> RECOMMENDATION 8: The Division of Vocational Rehabilitation should be in contact with local Alcoholics Anonymous clubs to inform them of the services offered by the Division, if members need these services in addition to the therapy which they receive from Alcoholics Anonymous. It is further recommended that the Division consider referring arrested controlled alcoholics to Alcoholics Anonymous for continuing therapy even after vocational rehabilitation services have ceased.

The New Haven Committee also recommended that outpatient services for alcoholics and addicts be extended.

Several of the regional committees mentioned the need for more half-way houses for the mentally ill to bridge the gap between the hospital and full independence. There are, at present, only three such facilities in the State, but their usefullness points up the advantage of others.

> RECOMMENDATION 9: The Division of Vocational Rehabilitation should actively support the founding of a half-way house for the Norwich Hospital, which has prepared a plan of development.

MENTAL RETARDATION

The Office of Mental Retardation, charged by law with the responsibility of providing for the needs of the mentally retarded in Connecticut, has since the publication of the Mental Retardation Planning Project, *Miles to Go*, (March, 1966), been proceeding with the implementation of this project's recommendations. Part of this plan involved Regional Centers for the delivery of services to the retarded on both a day care and in-patient basis. To meet the needs of the adult retarded, the two training schools, Mansfield and Southbury, and regional centers all operate vocational training programs on various levels. When a retarded person demonstrates some employment potential, the Office of Mental Retardation depends upon the Division of Vocational Rehabilitation to provide further selective training, eventual job placement and follow-up services.

At the present time no formal written agreement exists between the Division of Vocational Rehabilitation and the Office of Mental Retardation. However, there is an informal cooperative working relationship, the core of which involves the assignment of rehabilitation counselors to the facilities operated by the Office of Mental Retardation, some on a part time basis, and others full time.

RECOMMENDATION 10: An initial or an additional counselor and a clerk should be assigned on a full-time basis to each of the following institutions:

Hartford Regional Center
Seaside Regional Center
Putnam Regional Center (as this Center expands, it will become eligible for this plan)

RECOMMENDATION 11: A formal written agreement should be entered into between the Division of Vocational Rehabilitation and the Office of Mental Retardation to include:

(a) description of the services to be provided by the parties.
(b) provision for joint program planning.
(c) provision for the exchange of technical, fiscal and/or statistical information, when necessary.
(d) provision for periodic review of the agreement, at stated intervals, and by specified persons.

Since mental retardation rehabilitation is a very specialized field, in-service training is needed for counselors working in this area. Good initial supervision of employment would make this period a good in-service training experience for vocational rehabilitation counselors. The existing Rehabilitation Coordinators hired[4] by the Office of Mental Retardation would be a good resource for the supervision of the initial period of employment for new rehabilitation counselors working in institutional settings.

RECOMMENDATION 12: The director of the Division of Vocational Rehabilitation should authorize the Office of Mental Retardation to have some supervisory responsibility for Vocational Rehabilitation Counselors for the first six months assignment in Mental Retardation Institutions.

The regional committees recommended a joint program in the schools between the Office of Mental Retardation and the Division be launched, with rehabilitation counselors cooperating with special education teachers.

Group homes for the retarded in the community, providing a permanent place for the retarded to live as other people in the communities where they work were also suggested.

A need expressed by the New Haven Committee for services to siblings of the retarded appears to be a very far-sighted preventive measure.

RECOMMENDATION 13: A research person in The Division of Vocational Rehabilitation with the Office of Mental Retardation and Voluntary Agencies should investigate the possibility of services to siblings of the retarded and make specific recommendations as to the kind of services needed.

Although the extent of interaction between private agencies and the Division of Vocational Rehabilitation is largely determined by policy and State and Federal Legislation, the Division should review its policies and agreements with such groups at this time. The 1968 Amendments to the Vocational Rehabilitation Act provide for consultant services to private organizations. Traditionally, independent groups have been encouraged to establish their own community-based services wherever possible, but a more structured communication and cooperation is needed if confusion and duplication of effort is to be avoided.

Learning to Make Change—Mansfield Social Adjustment Project, Robert Jemiolo, Director.

THE SOCIALLY AND CULTURALLY DISADVANTAGED

Legislation is being prepared in Connecticut to amend existing rehabilitation laws to conform to the Federal Vocational Rehabilitation Amendments of 1968 extending rehabilitation services to the disadvantaged "by reason of their youth or advanced age, low educational attainments, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment."[1]

Testimony at the Public Hearing indicated that often services to the "hard-core" socially disadvantaged were not rapid enough to capitalize on any motivation manifested. It is hoped that inclusion of these people in the Division, scheduled to begin in January of 1969 will alleviate the problem to some extent.

RECOMMENDATION 14: The Division of Vocational Rehabilitation should act as the catalyst in convening agencies which are interested in the planning stage of State diagnostic centers in selected strategic areas. The Division should consider entering consortium agreements for initial staffing and continuing fiscal support of such centers.

Testimony at the Public Hearing also indicated that the "hardcore" socially disadvantaged also need follow-up in order to achieve employment goals.

RECOMMENDATION 15: Follow-up services for the socially disadvantaged and all clients should be emphasized by counselors of the Division of Vocational Rehabilitation. Closures, rehabilitated, should be investigated quarterly for one year to determine if follow-up services are needed.

THE SEVERELY MULTIPLE HANDICAPPED

Severely multiple-handicapped individuals present a rehabilitation challenge, as parents and friends are often pessimistic of their ever being able to contribute constructively to society or even to their own support. The present structure of vocational rehabilitation services is built for those who have a potential for placement in the labor market or in a sheltered work environment. Since ability to participate in a training program and to develop skills is the keystone of eligibility, the severely handicapped person often lacks the potential necessary to make him eligible.

There is a need for specialized rehabilitation services which would cater to severely multiple-handicapped persons in their immediate neighborhoods since transportation is a critical problem for these people. The development of complete mobile units which would travel to areas of need would be a practical solution to these problems.

The integration of the severely multiple handicapped is a difficult and a more complex process than the rehabilitation of less severely handicapped individuals. Testimony at the Public Hearing indicated, for instance, that for the cerebral palsied individual to become a productive, participating member of society, "a team of professionally trained experts must be involevd in diagnosis, treatment, care, and counselling from infancy through adolescence and adulthood."

[1]U.S. Congress, Public Law 90-391.

The rehabilitation counselor is in an ideal situation to coordinate services for the severely handicapped person. These individuals need service for a lifetime so that they may contribute effectively to society.

RECOMMENDATION 16: Vocational Rehabilitation legislation should be amended to make the severely multiple-handicapped individual eligible for vocational rehabilitation services at a very early age in an attempt to integrate him as early as possible into the community and to make him a productive individual.

PROGRAMS

THE AGING

In November of 1967, 14.5% of clients in the active case load of the Division were between the ages of 45-64. One-half of one percent (.5%) of the case load was over the age of 64. Of the 1547 persons rehabilitated in fiscal year 1966-67, 19.7% were between the ages of 45-64, and 1% were over the age of 64. Since the percentage of rehabilitants in these age groups exceeds the percentage in the case load, it would appear that there are more successful rehabilitations in these age groups than others. This pattern repeats itself in fiscal 1967-1968. Of the 1948 rehabilitated in fiscal year 1967-1968, 18.6% were between the ages of 45-64, and .6% were over age 64. It appears that older persons are very good "risks" for rehabilitation services.

While there are areas of employment which exclude the elderly because of insurance coverage, or mandatory retirement age, there are many service occupations in which advanced age is not a barrier to employment. Although aging has some effects on work effectiveness, this is offset in many instances by the experience, skills, and good judgment of older citizens. A senior service corps would furnish suitable employment opportunities for many older persons.

RECOMMENDATION 17: The 1969 Legislature should provide funds to the Commission on Services for Elderly Persons for the Senior Service Corps established by Public Act No. 662 in 1967.

To promote the success of the Service Corps and of other employment programs for the aging, it is desirable that the Division and the Commission on Services for Elderly Persons cooperate closely.

RECOMMENDATION 18: A professional from the Division of Vocational Rehabilitation and a professional from the Commission on Services for Elderly Persons must be made responsible for maintaining an active liaison between the two agencies.

RECOMMENDATION 19: The person appointed in the Division of Vocational Rehabilitation to handle public relations should be made responsible for promoting the older worker on a Statewide basis.

A recent study on the aging in the Hartford area, *Aging, a Factual Survey in the Capitol Region*, of June 1968 is available from the Greater Hartford Community Council.

CORRECTIONAL REHABILITATION

"Now that the Department of Correction, established under legislation adopted during the 1967 session, is a reality, Connecticut becomes the first state to bring all adult correctional institutions and parole under one head."[1] Along with this desirable consolidation, rehabilitation professionals are becoming more aware of the public offenders' need for rehabilitation services. These two developments make a joint and coordinated effort by the Division of Vocational Rehabilitation and the Department of Correction not only desirable but also possible.

> RECOMMENDATION 20: A joint request should be initiated by the Division of Vocational Rehabilitation and the Department of Correction for a Research and Demonstration grant to develop diagnostic procedures and a work evaluation unit in the Hartford Correctional Center.

Appropriate referral procedures for post-release treatment or training should be included in such a proposal. The development of a comprehensive medical, social, educational, vocational, and psychological screening and evaluation battery, the core of the project, and a vocational plan stemming from the results, would allow for an arrangement of direct and immediate acceptance by the appropriate Division of Vocational Rehabilitation district or local office upon release of short term sentences, thus enabling services to begin quickly without the normal delays for diagnostic workups.

The Connecticut State Prison has long had a program of education and rehabilitation inside the institution, but the new Commissioner of Correction feels that the world outside the prison must also be included. Two years ago, two vocational rehabilitation counselors were placed full-time in two local jails, and part-time teachers are supplied to the Hartford and New Haven jails by the Boards of Education of these two towns. Consequently, for the first time Hartford jail inmates are attending classes in a State vocational school, and a work release and release training program has finally been initiated at the Danbury Federal Prison. However, to make programs a success, the services of more vocational rehabilitation counselors are necessary. The Technical Advisory Committee on Inter-agency Cooperation has recommended that rehabilitation counselors be placed in correctional facilities in the ratio of one counselor for every 100 prisoners. This may not be immediately possible but preliminary steps must be taken.

> RECOMMENDATION 21: A rehabilitation counselor should be assigned on a full-time basis to each of the three State jails which now do not have such services. One counselor should also be placed at the Connecticut State Farm and Prison for Women, two counselors at the State Prison, and one counselor in each of the three youth correctional institutions.
> Services to bridge the gap between release from prison and readjustment to the community are also needed.

> RECOMMENDATION 22: Rehabilitation counselors in the community must absorb prisoners into their caseloads, from the caseloads of prison rehabilitation counselors, sometime before they are released. Vocational rehabilitation plans for these individuals must be initiated while they are still in prison.

[1] *Digest of Connecticut Administrative Reports to the Governor*, Vol. XXII, 1967-1968. p. 159.

As a long range goal, the Department of Correction and the Division of Vocational Rehabilitation might consider the establishment of a comprehensive Rehabilitation Center with in-prison and out-prison components and the full range of rehabilitation services available. This would include medical and paramedical, vocational, educational, psychological, and counseling services. The determination of which public offenders might benefit from such a service might be made through the Research and Demonstration project recommended above. The 1968 Amendments allow the Division of Vocational Rehabilitation to allocate up to 10% of the service budget to new buildings. Hill-Burton funds may be used to add to existing structures. (See Martin Dishart's *A Model Comprehensive Rehabilitation Center* for an excellent example of a comprehensive Rehabilitation Center.)

In the case of public offenders, rehabilitation should begin with the first offense or during probation. The Division needs to work more actively with the probation officers in the state.

RECOMMENDATION 23: Probation officers must be informed of the services and referral process of the Division of Vocational Rehabilitation by the person in the Division appointed to assume the responsibility for public relations.

ECONOMIC OPPORTUNITY PROGRAMS

Connecticut Public Act 522 brought the Department of Community Affairs into existence on July 1, 1967. It incorporated the local planning and renewal functions of the Connecticut Development Commission, the Housing Division of the Department of Public Works, and the Office of Economic Opportunity. Late in 1967, Governor Dempsey requested the Department to place major emphasis upon housing for low and moderate income families in those areas of Connecticut which have the greatest need.

Services to people, including neighborhood facilities, rehabilitation and social services in housing projects, and day care and relocation costs, received grants totaling $587,369 to June 30, 1968. Human Resources Development Programs, including assistance to anti-poverty agencies and Adult Basic Education, received grants of $4,362,142 to June 30, 1968. In fiscal year 1967-1968 "more than 4,100 disadvantaged families, including 35,198 people, were specifically helped through programs such as Head Start, Legal Services, Employment and Job Training, Teen Centers, School Readiness, Adult Basic Education and Upward Bound."[1]

Although many of these programs are preventive, they are all directly related to vocational rehabilitation. A good cooperative relationship between the Division of Vocational Rehabilitation and the Department of Community Affairs is desirable.

The Division may also underwrite the cost of physical restoration and some medical services to clients in need of this type of rehabilitation service.

[1]*The Digest of Connecticut Administrative Reports to the Governor*, Vol. XXII, 1967-1968. p. 217.

FACILITIES AND WORKSHOPS

At the present time in Connecticut, there is a special planning project for Workshops and Facilities. In addition, there is a full-time Facilities Specialist in the Bureau of Community and Institutional Services. Since the final report of the Planning Project for Workshops and Facilities will be completed in 1969, only interim recommendations are made in this report. The analysis of the costs and priorities to be established will be detailed in the final report of the Planning Project for Workshops and Facilities.

RECOMMENDATION 24: Written agreements between the Division of Vocational Rehabilitation and rehabilitation centers and workshops should be reviewed periodically.

RECOMMENDATION 25: More sheltered workshops must be established because present workshops are not sufficient to meet the needs of those requiring this service.

RECOMMENDATION 26: The need for diagnostic centers should be investigated.

RECOMMENDATION 27: The Division should investigate the feasibility of more comprehensive vocational rehabilitation services in centers for respiratory diseases.

RECOMMENDATION 28: The Division of Vocational Rehabilitation should experiment by providing grants to sheltered workshops rather than purchasing services on a client-to-client basis.

RECOMMENDATION 29: Rehabilitation facilities should be included in contemplated growth plans of hospitals, veteran's hospitals, and convalescent homes, especially in rural areas where separate facilities may not be possible.

RECOMMENDATION 30: Combined housing and workshops for the handicapped should be developed to eliminate transportation problems.

RECOMMENDATION 31: The Division should survey available temporary housing for clients near rehabilitation facilities, and a directory of this housing should be compiled for distribution to the counselors of the Division.

RECOMMENDATION 32: The Division of Vocational Rehabilitation should purchase services only from facilities whose standards meet those required by the Division in line with the recent standards published on workshops and facilities.

Newington Home For Crippled Children

The Rehabilitation Center Bridgeport

Goodwill Facilities Expand Old (above) and New (shown below)

THE MILITARY REJECTEE

Approximately one out of every ten men who apply for enlistment in the army is rejected, some for physical reasons, some for mental reasons, and some for moral reasons. Once rejected, Army regulations require that the man be counseled on his employment reinstatement rights. A man rejected from military service makes reapplication at his former place of employment at the next regularly scheduled working period following his return home. If the rejectee is unemployed, he is often referred to the Connecticut State Employment Service.

Because of the nature of the rejection regulations, many of those who are rejected for military service are eligible for vocational rehabilitation by the Division of Vocational Rehabilitation. In fiscal year 1966-1967, of the 1547 rehabilitated by the Division, 397 were between the ages of 17-26. Of these 397, approximately one-fourth (111) were military rejectees, referred through the Connecticut State Employment Service and other sources; however, a more direct referral would be beneficial to rejectees.

RECOMMENDATION 33: An automatic referral of military rejectees to the Division of Vocational Rehabilitation District offices through an agreement with recruiting offices of the armed forces should be established.

PUBLIC ASSISTANCE

"The 1967 General Assembly, with the wholehearted support of the Governor, enacted into law a number of major bills designed to strengthen and extend the welfare program." This legislation "enables the Department of Welfare to become the leader of all jurisdictions in recognizing the human dignity and worth of people; in helping ablebodied people to become self-supporting by means of work or training; in helping to rehabilitate others who have a work potential; and in providing the best services to all people in need."[1]

Of the 1547 clients rehabilitated in 1966-1967, 100 were referred to the Division by public and private welfare agencies. Of the 1948 clients rehabilitated in 1967-1968, 117 were referred to the Division by public and private welfare agencies. This referral indicates a working cooperation between the Division and welfare agencies.

THE RURAL DISABLED

The problem of the rural disabled is not, as yet, fully understood in Connecticut. A need was stated for more facilities in the large area of the predominantly rural district of Norwich. Also the Waterbury Regional Committee pointed out that the Waterbury district is divided into two disparate parts, one area largely urban and one area largely rural. As this presents difficulty in administering vocational rehabilitation, the suggestion was made that the district either be sliced in half or be rearranged in conjunction with a rearrangement of the other districts, so that the rural communities and their needs might receive more attention.

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[1] *Digest of Connecticut Administrative Reports to the Governor,* Vol. XXI, 1966-1967. p. 302.

SOCIAL SECURITY AND VOCATIONAL REHABILITATION[1]

The Bureau of Disability Determination administers the program of disability determination under the provisions of the Social Security Act. The Bureau Chief is responsible to the Division Director for carrying out the terms of the formal agreement between the Social Security Administration of the Department of Health, Education and Welfare, and the Board of Education of the State of Connecticut.

The responsibilities of the Bureau of Disability Determination and Disability Adjudicators in respect to the Division of Vocational Rehabilitation are as follows:

1. The screening of disability determination cases for vocational rehabilitation potential, and referral of appropriate cases.
2. The provision of medical, vocational and other data from the case file in conjunction with referrals.
3. The effective use and development of rehabilitation resources, including psychological, medical and vocational areas in coordination with the Division.
4. The coordination of medical relations and procedures with the Division.

DISABLED YOUTH

The 1968 Federal Amendments to the Vocational Rehabilitation Act provide for services to those who are handicapped by reason of their youth. It is anticipated that the Connecticut Legislature, in 1969, will amend the State Vocational Rehabilitation Act to concur with the Federal legislation.

Connecticut has expressed its concern by setting up a Governor's commission on youth, the State Commission on Youth Services.

The Commission recommends, among other programs, that "formation be encouraged of more community treatment facilities for emotionally disturbed youth, such as group homes or half-way houses." Living facilities, particularly for young single clients were mentioned several times as a problem for clients receiving vocational rehabilitation services. It would be appropriate for supervised living facilities to be established by the Division as half-way houses for young clients.

The Commission also recommends that new and improved services should be provided, to prevent delinquency and to rehabilitate young offenders, including juvenile protection for dependent and neglected youth; and, encompassing detention, after-care, probation, welfare services, and diagnostic and treatment services.

RECOMMENDATION 34: The Division of Vocational Rehabilitation must periodically provide the juvenile court and probation officers with a description of services available and eligibility requirements so that Vocational Rehabilitation may be an alternative to punishment for first-time youthful offenders who may be school drop-outs and unemployed.

[1]*The Connecticut State Plan for Vocational Rehabilitation, July 1, 1966.*

WORKMEN'S COMPENSATION

The Workmen's Compensation Commission is a source of very few referrals for the Division. Of the 1547 rehabilitated in fiscal year 1966-1967, only one was referred by the Workmen's Compensation Commission. Of the 1948 rehabilitated in fiscal year 1967-68, three were referred by the Workmen's Compensation Commission.

There is a very old, non-operative written agreement between the Workmen's Compensation Commission and the Division of Vocational Rehabilitation which must be revised to provide: a system of routine referrals of newly severely injured persons to the Division of Vocational Rehabilitation; routine impartial rehabilitation evaluation of the newly injured worker by the Division of Vocational Rehabilitation; and information to injured workers of their eligibility for Comprehensive Rehabilitation Services.

VOLUNTARY ORGANIZATIONS

The Appendix of this report contains a complete list of voluntary organizations. The Division of Vocational Rehabilitation buys services from many of these agencies and organizations and is in a position to influence cooperation and maintenance of standards among these agencies.

SCHOOL SERVICES

It was recommended at the Public Hearing that all handicapped youngsters be accommodated, trained vocationally, and counseled at all of Connecticut's elementary and high schools, or that special schools be especially designed for their needs. Connecticut has several special schools for the blind, deaf, and mentally retarded.

Since integration of the handicapped into the rest of society is a necessity, expansion of school programs rather than the construction of separate facilities must be encouraged.

RECOMMENDATION 35: The Division of Vocational Rehabilitation must expand its counselor services in the public schools. The placement of an initial, or additional, counselor and clerk in each of the following schools is recommended:

Hartford Public High School
Norwalk Schools
Stratford High School
Avon Schools
Newington Schools
Waterbury Schools
New Haven Schools

Three additional clerks will also be needed: one in the Hartford District Office, one in the Bridgeport District Office, and one in the Central Office.

RECOMMENDATION 36: The Division of Vocational Rehabilitation should make its school counselor service conditional upon the removal of any architectural barriers remaining in the schools. Barriers should be pointed out by the Division to the schools.

As was also noted at the Public Hearing, parents of handicapped children often need motivation as much, or more, than their children, and vocational rehabilitation counselors should advise parents, also, when it seems necessary or beneficial to the handicapped child's progress.

INTERAGENCY COORDINATION OF SERVICE PROGRAMS

The Technical Advisory Committee on Interagency Coordination stated in its final report that "In our judgment, all piecemeal efforts at cooperation are foredoomed to failure without the supporting structure of coordinated State planning." Effective cooperation of agencies and attainment of a dynamic service system, the report also said, could only be achieved by authority stemming directly from the Office of the Governor.

Such coordination of service programs must be dynamic, flexible, and creative, involving all concerned State agencies, voluntary health agencies, and the Federal government. Management and control of such a system, as suggested by Professor Stanley Young, consultant to the Project, is shown in the chart which follows. The original chart was amended to include the Legislature, the Governor's Coordinating Council, and other Councils, three elements included in a coordinating plan designed by Sholom Bloom which paralleled Dr. Young's plan. Responsibility for establishment of goals and priorities for State agencies, based on prior problems analysis, would lie with the Governor's Coordinating Council, whose membership would comprise highly qualified specialists, scientists, lay members drawn from the Governor's Councils, and from the community. Suggested Councils to serve under the Governor's Coordinating Council include Inter-Agency Coordinating Council, Manpower Training and Coordinating Council, Federal-State Coordinating Council, Legislative Coordinating Council, Research Coordinating Council, Fiscal Coordinating Council, in addition to a Computer and Communications Center.

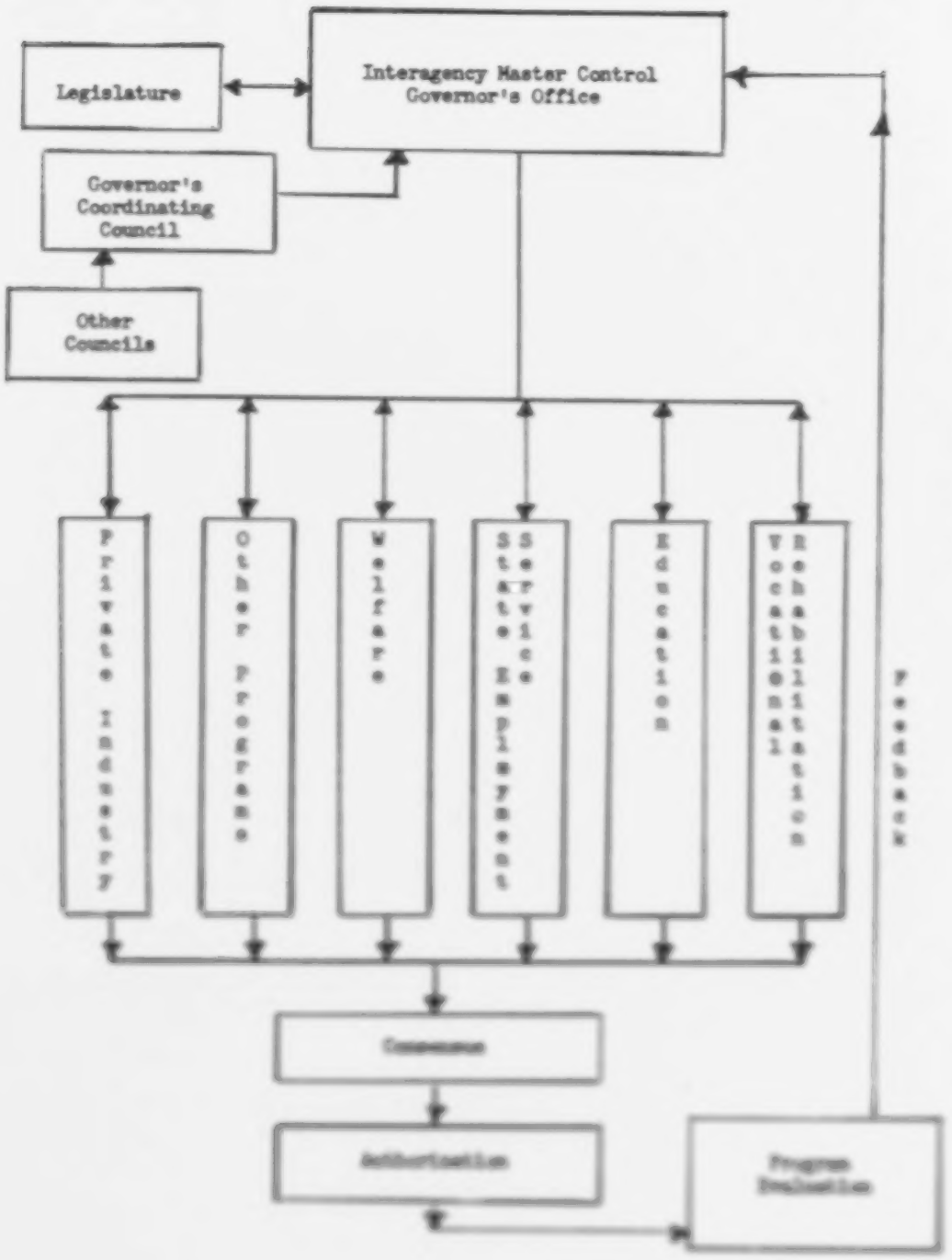
A Governor's Technical Advisory Group to implement the design of an Inter-Agency Coordination Plan is vital, as lack of such system is the source of much aggravation among agencies. Services are repeated; there are long lapses between referrals and service; and sometimes services are omitted altogether. Several of the Regional Committees were interested in the idea of regional information and referral bureaus to disseminate information covering agencies' services, services given to clients, and their current progress. The Technical Advisory Committee also indicated a need for a control by which each case referred by any agency could be identified. They suggested local and/or major regional information and referral specialists, as well as a Computer and Communications Center for a solution to the referral problem.

RECOMMENDATION 37: The Division of Vocational Rehabilitation should, as a service to all State agencies, conduct a survey to determine precisely the client information these agencies need. The willingness and ability of agencies to supply such information should also be determined.

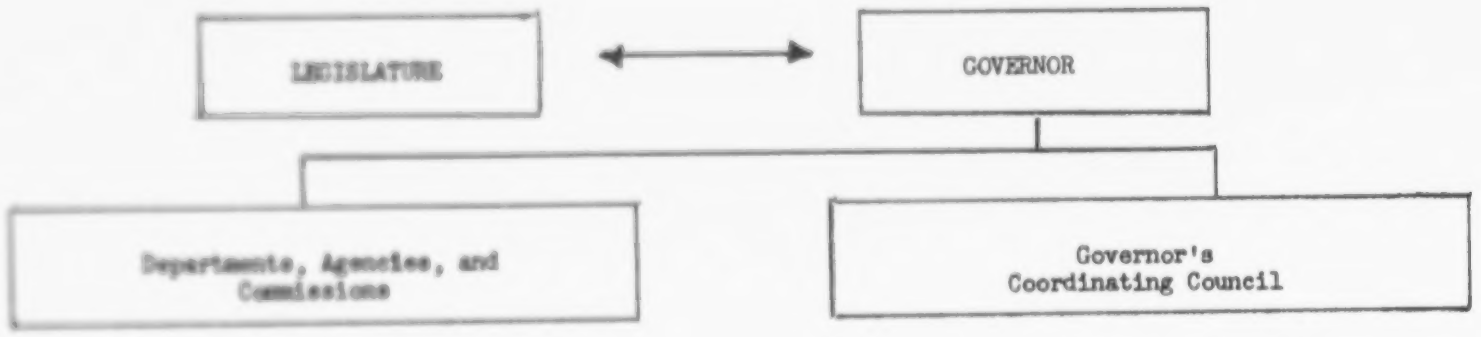
The Committee recommends a structured plan of orientation and training between vocational rehabilitation workers and other agencies for the purpose of learning the scope and specifics of service provided by the cooperating agencies. A prior knowledge of existing resources saves time, not only from the point of view of the agency, but also in speeding up the rehabilitation process of the client.

RECOMMENDATION 38: The Division of Vocational Rehabilitation should request the Training Division of the State Personnel Department to take the responsibility for initiating an interagency staff training program.

NETWORK MANAGEMENT (EXTERNAL)



MODEL FOR EFFECTIVE PUBLIC AND PRIVATE AGENCY COORDINATION AND DELIVERY OF SERVICES



Health
Welfare
Education
Mental Health
Community Affairs
Public Works
Labor
Correction
Finance and Control
Other

Interagency Coordinating Council
Manpower - Training and Coordinating Council
Executive training, worker orientation, Technical courses for Staff, utilization of scientific knowledge, consultation skills laboratory, human relations skills laboratory
Federal-State Coordinating Council
Legislative Coordinating Council
Research Coordinating Council
Fiscal Coordinating Council

BASIC ELEMENTS

Computerisation and automation (data gathering, reporting, storage, retrieval)
Communication (teletyping, linkage, feedback, feed forward)
Information and Referral Agent at Local/Regional level
Technical Advisory Group (task force of scientists from State and local Universities)
organisational behavior, system analysis, urbanology, political science, public administration, social welfare

Although several agencies have working relationships and/or cooperative arrangements with the Division of Vocational Rehabilitation, it is the consensus that a written agreement has many advantages, providing a joint statement of principles of cooperation so that the activities of each agency may be coordinated to provide the best possible service to disabled persons. The agreement should include a description of the services provided by cooperating agencies, method of interagency referral, personnel designated to carry out the commitments of each agency, the information dissemination procedure, and the stated interval of periodic review of the terms of the agreement.

RECOMMENDATION 39: The Division should organize committees composed of the Division of Vocational Rehabilitation staff and staff of agencies with which it has written agreements, for the purposes of reviewing these agreements periodically and coordinating programs of services between the agencies.

The Regional Committees felt that the Division of Vocational Rehabilitation should take the responsibility for coordination, and for fostering communications among the agencies whose services it purchases. The Committees expressed the opinion that their meetings should continue since they had been useful for discussion of mutual problems and promotion of agency cooperation.

RECOMMENDATION 40: The Division of Vocational Rehabilitation should take the responsibility of expanding these Regional Committees and of coordinating their efforts.

STATE EMPLOYMENT SERVICE

The Connecticut State Employment Service has a working agreement with the Division, which has been in effect for a number of years. The formal agreement covers areas of referral procedure, agreement on service conditions, reciprocal arrangements, employer relationships, public understanding, confidentiality of information and evaluation of working relationships, while the informal inter-agency cooperation comprises case conferences, committee work, public relations, and open lines of communication, reflecting the attitudes and practices of staff members who relate to each other in a climate of cooperation. The existing formal agreement between the Division of Vocational Rehabilitation and the Connecticut State Employment Service does not comply with the most recent Department of Health, Education, and Welfare's Social Rehabilitation Services Guidelines, and there is a need to modify the written agreement to include service to "disadvantaged persons" "persons with behavior disorders," and the "aging," who may benefit from rehabilitation or manpower services. An addendum to the written agreement, though it would not insure maximum exchange, would provide both agencies with guidelines and specific knowledge of services.

RECOMMENDATION 41: The written agreement between the Division of Vocational Rehabilitation and the Connecticut State Employment Service must be updated to reflect the change in eligibility requirements expressed in the 1968 Federal Vocational Rehabilitation Amendments.

MANPOWER DEVELOPMENT AND TRAINING ACT PROGRAM

Prior to the issuance of the 1968 Amendments to the Vocational Rehabilitation Legislation, the Connecticut Division of Vocational Rehabilitation was operationally involved with the Manpower Development Training Program in an informal and limited sense. The Manpower Development Training Program staff realized that a population characteristic and the economic and social values of their clientele created problems which demanded corresponding adjustment in social services. The disproportionate number of people over 65 and under 16 among their clientele, as well as the unserved client who needs services, but because of unique circumstances does not meet any agencies' eligibility requirements, must be served by new and flexible programs.

In this regard, the Division of Vocational Rehabilitation will coordinate its planning with the Manpower Development and Training Act Program efforts, as shown in The Composite Working Plan, which stresses clients' needs and improvement of referral linkage between various organizations, as well as effective client flow for continuity of service.

The administrative framework through which the rehabilitation services and Manpower Development and Training Act needs will be integrated is partially represented by the proposed Governor's Planning Council. However, direct interagency linkage of an ongoing operation will be established in the near future.

The passage of the 1968 Vocational Rehabilitation Amendments permits new services for the rehabilitation of vocationally handicapped recipients of public assistance. This will necessitate the pooling of information and services by the Division of Vocational Rehabilitation and Manpower Development and Training Act agencies.

PUBLIC WELFARE

The present updated agreement between the Division and the State Welfare Department provides for the extension of services to "behavior disorders," "aging," and "socially disadvantaged groups." Plans for cooperative work on individual cases are initiated and carried out by workers representing the district office of each agency. As they are needed, principles and policies of cooperation are formulated in joint conferences by representatives of the respective agencies.

The existing written agreement makes no provisions for a network system of interagency referral flow. No amendment has been made to the formal agreement regarding the relationship to the Manpower Development Training Program despite passage of the 1968 Amendments and the initiation of new Federally sponsored programs.

RECOMMENDATION 42: The written agreement between The Division of Vocational Rehabilitation and the Welfare Department must be amended to provide cooperative implementation of Federally legislated social rehabilitation programs. It is further recommended that guidelines for the operation of such programs become an integral part of this written agreement when they are appropriate. The Division's present methods of referral, intake, and disposition of cases tend to be inadequate for the typical welfare recipient. The formal agreement between the Division of Vocational Rehabilitation and the Welfare Department should contain a modification of the referral procedure, the out-reach, and the continuity of service.

EDUCATION

The Division of Vocational Rehabilitation and the Bureau of Pupil Personnel and Special Education Services (of the State Department of Education) and local school systems cooperate on an organized and systematic foundation based on an operational plan.

Administratively and operationally, the cooperative programs are carried out within various school settings in order to assure continuous and uninterrupted services. Typically, when a school system applies for needed services, the Connecticut State Department of Education and the Division of Vocational Rehabilitation work together with the school system in developing the required vocational rehabilitation services. A written agreement is then formalized to include the Department of Education, the Division of Vocational Rehabilitation, and the local school system.

Representatives of colleges, universities, public schools, and training schools serve on task force committees throughout the State. The collaborative action of various task force committees, collection and exchange of information, joint conferences, workshops and institutions, in-service training of personnel, community planning, joint projects, and state legislative planning serves to increase interagency cooperation and keep the public informed of various social and educational rehabilitation programs.

PUBLIC HEALTH

The Connecticut Department of Health is composed of three offices: The Office of Public Health, which includes the Crippled Children Section; The Office of Mental Retardation; and The Office of Tuberculosis Control, Hospital Care and Rehabilitation. The Division of Vocational Rehabilitation works with all three of these Offices.

Under the Crippled Children Section, various clinics throughout the State service the needs of crippled children. The latest written agreement between the Division of Vocational Rehabilitation and the Crippled Children Section, dated January 1, 1951, provides for counseling, guidance, and other rehabilitation services for crippled children referred to the Division of Vocational Rehabilitation by the Crippled Children Section. This joint agreement contains a basic guideline for referral of crippled children. The Division plans to modify and update the joint agreement, insuring maximum utilization and development of services and facilities for crippled children.

A third party financing plan for meeting the vocational rehabilitation needs of eligible mentally retarded individuals being served by training schools and regional centers, including both the residential and day case loads, is being formulated between the Division and the office of Mental Retardation. The plan will place Division personnel directly in training schools and regional centers for the screening of all referrals.

Tuberculosis facilities in Connecticut are in the process of extending their hospital care to patients with advanced emphysema and other respiratory diseases. Although the present written agreement between the Division and the Office of Tuberculosis Control, Hospital Care and Rehabilitation does not include these disability groups, plans regarding their inclusion are underway.

VOLUNTARY ORGANIZATIONS

In general, Connecticut voluntary organizations are concerned with obtaining more communication relating to programs and services offered for various disability groups. They are also vitally interested in planning and in the financial assistance available to their respective groups. Liaison is maintained with these groups by the Bureau of Community and Institutional Services within the Division of Vocational Rehabilitation.

OTHER PROGRAMS

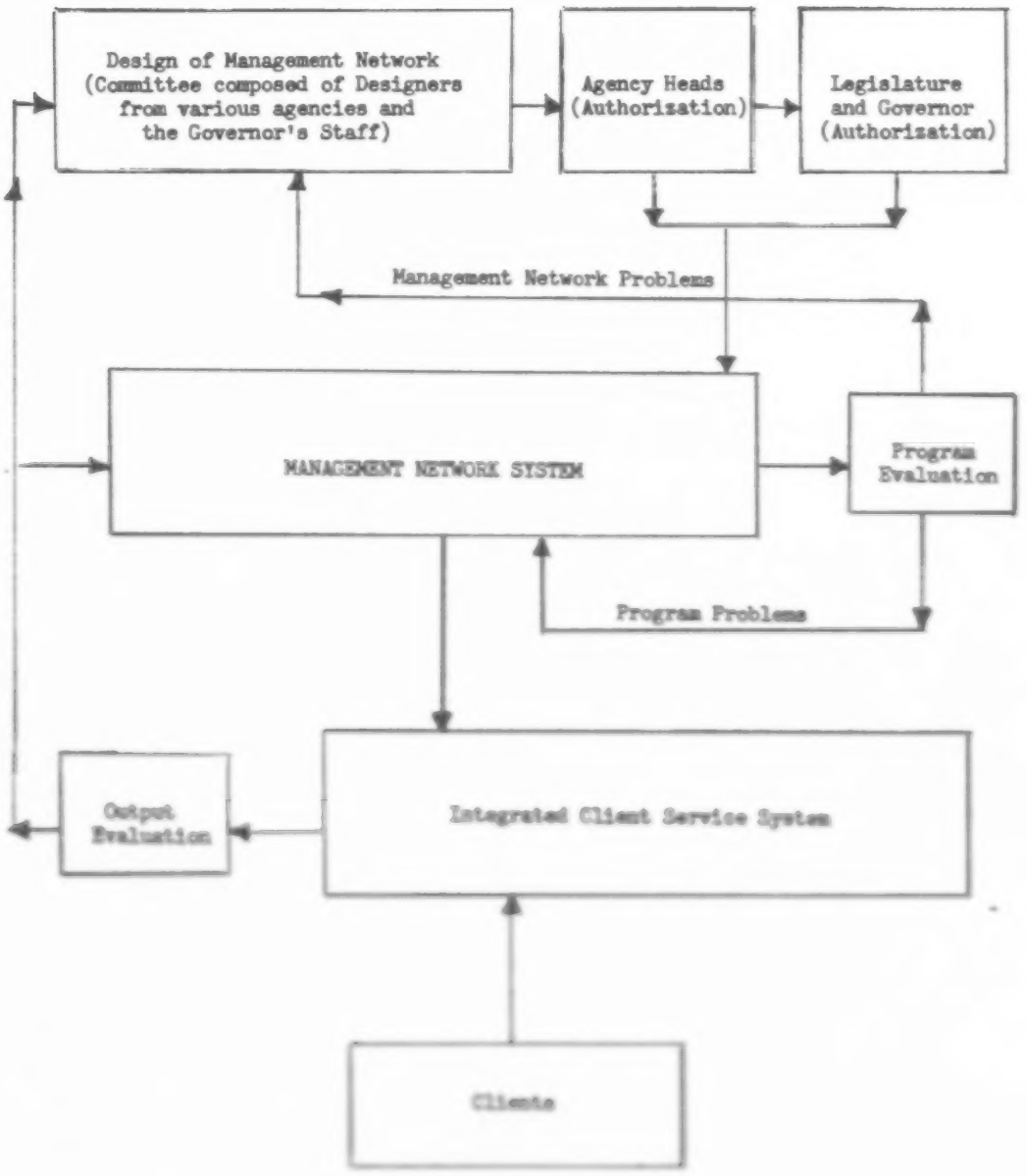
Most of the Federally sponsored programs connected with manpower and community improvement in Connecticut are administered by the Department of Community Affairs, established in 1967. The placement of these programs under one administrative agency permits close coordination of the programs. Although currently the Division has no formal written agreement with the Department of Community Affairs, many informal contacts have been made. The nature of the programs administered by the Department encourages inter-personal contact between professionals of the various agencies. For example, the Cooperative Area Manpower Planning System (CAMPS) has coordinating committees throughout the State, which study manpower needs. These committees are composed of State departmental representatives from Labor, Welfare, Education, Agriculture, and other State Agencies, and private businesses.

The objective of the Model Cities Program is to coordinate programs and services in small geographic areas in order to achieve an integrated and effective community. The agency designated to administer the Model City funds receives technical and financial assistance and advisory service from the Commissioner of Community Affairs. Cities designated to receive funds for the Model Cities program include the following: Hartford, New Haven, Bridgeport, Waterbury, and New London. Waterbury and New London are in the planning stage. New Haven and Bridgeport have had their plans accepted. In Hartford, an Interim Demonstration Agency, a majority of whose members are representatives of the target area neighborhoods, is currently reviewing the original proposed program preparatory to drawing up the planning grant contract. The Administrator of the Hartford Interim Demonstration Agency serves as a member of the Cooperative Area Manpower Planning System Coordinating Committee for the Hartford area.

In Connecticut, several Neighborhood Centers are located in poverty areas, each staffed with workers familiar with the problems of the people they serve. It is their duty to identify needs and make recommendations to the Cooperative Area Manpower Planning System agencies. Neighborhood Centers within various geographic areas have established ongoing Task Force Committees through which problems in isolated centers are discussed. Representatives from each of these Task Force Committees also serve on the Cooperative Area Manpower Planning System Coordinating Committees. The Division must use the outreach capabilities of the Neighborhood Centers and should keep the personnel of the Centers aware of eligibility requirements and referral procedures of the Division. It is also possible that the diagnostic centers recommended in this report could be located within or near the Neighborhood Centers.

The Concentrated Employment Program is a series of interrelated systems designed to reach the hard core unemployed and underemployed, providing new linkage more effectively to tie together existing agencies and industry seeking to reach the most disadvantaged.

NETWORK MANAGEMENT SYSTEM DESIGN



COORDINATION WITH OTHER STATE PLANNING

A combination of Dr. Stanley Young's plan (Appendix, p. 37) and Sholom Bloom's plan (Appendix, p. 356) for interagency coordination includes a Governor's Coordinating Council which would be charged with planning of goals and priorities for State agencies. A Council which could serve the functions suggested by Dr. Young and Mr. Bloom was created by the Legislature in *Public Act No. 697, An Act Creating a State Planning Council and a Standing Legislative Committee on State Planning and Development. (June, 1967).*

A suggested practical method for the Council to put its planning into effect is a network management system design by Stanley Young, Ph.D., which is planned to flow smoothly in a continuous process, with provision for feedback and revision of any programs which do not function properly.

PLANNING RELATIVE TO THE POVERTY STRICKEN

The massive increase in Federally-financed programs has provided both stimulus and necessary funds for local, regional, and statewide planning in Connecticut relative to the poverty stricken, most coming under the jurisdiction of the Department of Community Affairs.

From the beginning, individuals within the Department of Community Affairs have been active on this Statewide Planning Project. The Chairman of the Connecticut Cooperative Area Manpower Planning System Statewide Coordination Committee was a member of the Governor's Planning Council for the Statewide Planning Project for Vocational Rehabilitation Services. Other representatives of the Cooperative Area Manpower Planning System, local, regional and statewide coordinating committees served on the Regional Committees. Coordination of the planning for the human services is encouraged at the State level by the formation in 1967 of the State Planning Council.

MENTAL HEALTH PLANNING

The overall coordination of Mental Health Planning with other planning in the State reflects the basic recommendation of *The Plan for Comprehensive Mental Health Services for the Communities of Connecticut*, published in 1965. Structurally, the State of Connecticut Department of Mental Health consists of a central office which includes five divisions, one of which is the Office of Policy Planning and Program Development, and fourteen regional offices. This Office coordinates all research and evaluates planning data received from the fourteen Regional Mental Health Planning Councils. The Planning Councils insure flexible representation, geographically, of agencies, professionals, consumers, and other interested persons, in the planning and coordination process. The Commissioner of Mental Health, in turn, bears the responsibility of reporting and coordinating all mental health planning with other State planning through the State Planning Council.

MENTAL RETARDATION PLANNING

The Mental Retardation Planning report, *Miles to Go*, provides guidelines for mental retardation planning, relating it to other planning in the State. Although the mental retardation planning project and the mental health planning project were conducted separately, the two agencies jointly plan programs in order to meet mental health and mental retardation needs in Connecticut.

VOCATIONAL AND SPECIAL EDUCATION AND EXPANSION OF SERVICES TO THE HANDICAPPED

The organizational structure of the collaborative plan between the Division of Vocational Rehabilitation and the Bureau of Pupil Personnel and Special Education Services provides a basis for sound cooperative planning between the Division and the school systems throughout the State.

There is also a cooperative agreement, initiated October 31, 1968, between the Division of Vocational Education and the Division of Vocational Rehabilitation which provides for medical services for Manpower Development Training Act applicants and trainees.

HILL-BURTON PLANNING FOR REHABILITATION FACILITIES

In Connecticut, Hill-Burton planning for workshops and facilities is based on active participation with other planning in the State on a statewide basis.

Each plan for the construction of a rehabilitation facility contains intensive inventories of the area's needs and existing resources. In order to ascertain this inventory data, active consultation with the Division of Vocational Rehabilitation, local planning councils, community members, and private agencies is required.

The Hill-Burton Advisory Council, composed of members from the Division, Public Health Service, other state agencies, representatives of the regional office of the Rehabilitation Services Administration, and community members, reviews and evaluates applications. Analysis and interpretation of these proposals by the Council is followed by the development of recommendations, stressing priorities.

REHABILITATION WORKSHOPS AND FACILITIES PLANNING (STATE DIVISION OF VOCATIONAL REHABILITATION)

A project closely related to this present project, the Statewide Planning Project For Facilities and Workshops, is in its initial stage of development. Major progress on this project has been limited because of changes in its directorship. The third project director has maintained a close working relationship with members of the Statewide Planning Project for Vocational Rehabilitation Services.

It is anticipated that needs identified and recommendations made by the Statewide Planning Project for Vocational Rehabilitation Services will be included in the final report of the Statewide Planning Project for Vocational Rehabilitation Facilities and Workshops.

COMPREHENSIVE HEALTH PLANNING

The State of Connecticut Health Planning (CHP) Project which was established by Public Law 89-745, is presently in an early planning phase. The Coordinator served on the State Planning Council for Vocational Rehabilitation Services and the Interagency Cooperation Technical Advisory Committee. Close liaison was maintained by representatives of both projects in order that relevant statistical data, general information, and a comprehensive range of planning could be correlated.

ADMINISTRATIVE ASPECTS

PUBLIC RELATIONS

Conveying as much knowledge as possible about the vocational rehabilitation program to the legislators, the Governor, private agencies, employers, the public, including former and present rehabilitation clients, is an important part of an effective vocational rehabilitation system. This aspect of the system, public relations, becomes even more urgent as the character and nature of the vocational rehabilitation program expands. It is imperative that the 1968 Amendments extending services to the socially and culturally disadvantaged be made known to potentially eligible clients, and that the results of the work done with these groups and others be relayed to professionals in the field and to concerned non-professionals.

An effective public relations program should provide information to all concerned groups so that, ultimately, better allocation and distribution of vocational rehabilitation resources will be achieved. The information required by each of these groups varies; the legislators and the Governor are interested in the management and efficiency of the program, and more importantly, in the values and benefits received from the vocational rehabilitation program. They must be given data showing the humanitarian aspects of the vocational rehabilitation process, as well as the economic benefits which result.

Information needs of public and private agencies must also be met. Other public and private agencies must be made aware of the opportunities provided through the 1968 Amendments which facilitate subcontracts and special arrangements with employers, to prepare disadvantaged and handicapped persons in specialized training required to enter the competitive labor market. Special attention should be given to pre-vocational and work attitude training, with the Division serving as a resource for all organizations providing such training.

It is an accepted fact that much misinformation exists regarding the employment of rehabilitated persons, which causes an apparent bias against the employment of the handicapped. It becomes necessary, therefore, to inform employers of the tremendous pool of capable manpower represented by the vocationally disabled in Connecticut.

The information about the services offered by the vocational rehabilitation program should be made known to the public. The respondents to the questionnaire, *A Look at Today to Plan for Tomorrow*, stated that there was a definite need for more detailed and specific public relations. Among the respondents, seventy-eight percent on the administrative level and ninety-six percent on the operating level said that the general public knows very little of the function of the Division of Vocational Rehabilitation.

The plight of the handicapped citizen is not well understood by the public. All of the regional committees agreed that more public education and public information was necessary. Providing an effective public relations program for vocational rehabilitation is necessary and possible.

RECOMMENDATION 43: The position of a Public Information Officer, (whose principal functions would include the dissemination of information to the Governor, the Legislature, employers, private agencies, the public, and former, as well as present, rehabilitation clients), should be established.

ADMINISTRATIVE AND OPERATIONS STUDIES OF STATE AGENCIES

The major problem in administrative and operations studies of State agencies most commonly cited by the various Regional Committees is lack of sufficient funds to carry on the work of vocational rehabilitation. Part of this problem occurs because funds are allocated arbitrarily on a quarterly basis among district offices. Situations arise in which funds may be available in one particular district office, but not in another where they may be more needed. Presently, the Central Office of the Division of Vocational Rehabilitation allocates funds to district offices for particular types of services, and daily reports are made by the district offices to show expenditures and balances. These reports could be more effective, however.

RECOMMENDATION 44: A statistical analysis of expenditures based on the history of previous expenditures should be made through the year. Previous experience should serve as a guide to the expenditures of funds in specific periods: the statistical analysis would serve as a means to anticipate shortages in particular areas and to indicate where reallocations or reassignment of funds must be made.

The problem of insufficient funds for vocational rehabilitation purposes reflects, of course, limitations of budgets which are inherent in the system of allocation of funds by the Legislature. Since this basic insufficiency is a restraint on the entire system, more accurate forecasting of future budgets and expected results should be made, enabling the Division to establish more adequately the types of programs needed, and to determine the number of individuals to be referred to the various private rehabilitation agencies within the State. An effective financial system, part of a Programming, Planning and Budgeting system, would also permit an on-going review of fees being paid to these private agencies. In order to devise such a system, and keep up with the increase in the amount of financial record-keeping, resulting from an expanding case load and from the increased number of financial reports required by the Federal Office, the present fiscal section, at present including one supervisor and two clerks, should be increased.

RECOMMENDATION 45: The Administrative Division in the Central Office should be composed of the following personnel:

Title	Number Required
Administrative Fiscal Officer IV	(1)
Accountant I	(1)
Personnel Assistant	(1)
Accounting Clerk II	(2)
Storekeeper II	(1)
Accounting Clerk I	(3)
Typist II	(3)

Better financial control would also enable the State to secure more Federal matching funds. In 1967-1968, the State secured only 88.5%[1] of the available Federal matching funds for the Division of Vocational Rehabilitation.

[1]The Division received $2,453,335 of the $2,772,520 of Title II funds available.

CLASSIFICATION OF DISABLING CONDITIONS

VRA Code	Disability
100-149	Visual Impairments
200-229	Hearing Impairments
	Orthopedic Deformity or Functional Impairment
300-319	three or more limbs, or body
320-339	one upper and one lower limb
340-359	one or both upper limbs
360-379	one or both lower limbs
380-399	other, including trunk, back, and spine
400-409	Absence or Amputation of Members
	loss of one upper and one lower extremity
410-419	loss of both major upper extremities
420-429	loss of one major upper extremity
430-439	loss of one or both major lower extremities
440-449	loss of other, unspecified
500-500	Mental, Psychoneurotic, or Personality Disorders
	psychotic disorders
510-510	psychoneurotic disorders
520-522	alcoholism, drug addiction, and other
530-530	mental retardation, mild
532-532	mental retardation, moderate
534-534	mental retardation, severe
600-609	Disabling conditions resulting from neoplasms
610-619	Allergic, endocrine system, metabolic and nutritional diseases
620-629	Diseases of the blood, etc.
630-639	Disorders of the nervous system
640-649	Cardiac and circulatory conditions
650-659	Respiratory diseases
660-669	Disorders of the digestive system
670-679	Genito-urinary conditions
680-689	Speech impairments
690-699	Diseases and conditions of the skin, and other

CHARACTERISTICS OF ACTIVE CASELOAD, OCTOBER 1968

DISAB.*	NUM.	AGE					SEX		RACE		MARITAL STATUS				DEPENDENTS				EDUCATION						
		16-19	20-34	35-44	45-64	64+	M	F	W	N	M	W	S-D	NM	0	1	2-3	4	1-7	8	9-11	12	13-15	16+	XX
100-149	80	22	28	11	15	-	57	23	56	20	22	1	15	42	52	9	8	10	16	8	24	24	2	1	5
200-229	130	44	39	18	21	3	80	50	118	10	28	1	11	90	104	14	8	4	10	17	34	46	9	2	9
300-319	123	52	37	12	18	-	65	58	115	8	30	2	2	89	106	2	8	6	7	7	37	45	14	8	4
320-339	96	19	27	17	30	-	63	33	81	14	30	3	15	47	61	10	17	8	12	11	25	32	10	3	3
340-359	82	24	21	15	21	1	51	31	62	19	29	4	9	40	51	13	9	9	8	10	27	31	5	1	-
360-379	246	84	59	32	65	-	161	85	221	23	95	8	14	129	160	19	46	21	20	30	81	88	19	3	3
380-399	215	36	67	49	62	-	155	60	183	28	119	4	19	73	100	23	43	47	33	37	60	65	9	2	8
400-409	4	2	1	-	-	-	3	1	3	-	-	-	-	4	4	-	-	-	-	1	-	3	-	-	-
410-419	1	-	-	1	-	-	1	-	1	-	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-
420-429	16	5	3	3	4	1	12	4	13	3	7	1	1	7	9	3	2	2	3	1	5	5	2	-	-
430-439	66	5	13	12	33	2	53	13	54	12	38	4	4	20	34	7	12	12	12	16	19	13	2	4	-
440-449	8	2	2	1	3	-	6	2	7	1	5	-	-	3	3	2	2	1	1	3	1	2	1	-	-
500-500	398	34	191	93	73	-	204	193	357	37	67	10	56	265	332	18	34	14	32	52	96	133	50	19	15
510-510	496	104	197	87	81	1	248	247	452	37	129	14	74	277	364	38	60	34	26	51	161	169	52	24	12
520-522	1312	632	187	65	64	1	811	501	883	406	75	11	108	1115	1191	41	48	32	67	219	818	145	33	18	12
530-530	377	200	83	9	2	-	214	163	283	88	5	-	4	368	372	2	1	1	19	24	68	6	-	-	260
532-532	323	165	84	17	6	-	175	147	264	51	5	-	2	314	315	1	2	3	19	28	24	1	-	-	251
534-534	94	44	33	9	3	-	51	43	82	12	-	-	-	94	93	-	-	-	4	4	2	-	-	-	83
600-609	10	2	3	-	4	1	4	6	4	5	2	2	3	3	9	1	-	-	-	5	1	4	-	-	-
610-619	61	24	16	10	9	-	35	26	45	16	8	2	7	44	50	3	4	4	7	4	23	21	6	-	-
620-629	6	3	1	1	-	-	5	1	4	2	2	-	-	4	4	-	1	1	1	1	1	2	1	-	-
630-639	110	33	47	15	10	1	64	46	96	14	21	3	10	76	92	6	5	6	12	11	38	36	2	3	8
640-649	143	17	14	42	67	1	100	43	115	26	90	7	10	35	66	31	24	24	15	30	48	41	5	4	-
650-659	89	8	24	25	30	1	62	27	61	26	44	1	14	30	52	14	9	14	19	21	22	19	7	-	-
660-669	37	4	14	6	13	-	21	16	28	8	13	5	7	12	18	7	8	4	7	6	13	9	1	-	-
670-679	6	2	3	1	-	-	4	2	6	-	2	-	1	3	3	1	2	-	-	1	3	1	1	-	-
680-689	47	31	8	5	2	-	33	14	40	7	3	1	2	41	42	2	1	2	3	3	24	9	4	-	4
690-699	45	16	20	6	3	-	25	20	37	8	8	2	2	33	36	5	1	3	5	3	17	14	4	1	1
	4621	1614	1222	562	639		2763	1855	3761	881	878	86	390	3258	3723	261	362	263	358	604	1672	964	240	93	678

* VRA Code for Classification of Disabling Conditions on following page

Key: W - white; N - non-white; M - married; W - widowed; S-D - separated/ divorced; NM - never married; XX - special education

The second large area of administrative concern is case load management, which can be divided into several aspects:

1. Forecasting the number to be rehabilitated in a particular fiscal year
2. Allocating personnel and other resources to the various district offices
3. Controlling (to be exercised throughout the year) to insure that the anticipated objective (number to be rehabilitated) is being met.

Forecasting the number to be rehabilitated within a particular fiscal year is presently done on the basis of previous cost history and the amount of funds available within the particular fiscal year. This historical approach must be carefully reviewed in view of the changing and varied nature of the case-load, particularly because of the recent change in eligibility to include the socially and culturally disadvantaged, and the wide variance of average case costs among the disabilities. An adequate forecast of the number to be rehabilitated must also be based on an analysis of the composition of the case load, as it is distributed among the counselors.

RECOMMENDATION 46: Persons within the Division responsible for research must work closely with the budget makers in the forecasting of future budgets.

Formats for these reports should be developed by the Statistical Unit of the Division.

RECOMMENDATION 47: Major attention must be given to the expansion of systems and operational research to provide counselors, supervisors, the Bureau of Rehabilitation Services, and the Division Director with relevant information about caseload distribution, geographical incidence, and the amount and kind of activities within related and relevant public and private agencies. Also, information available from the R-300 Case Services Report should be used to make quarterly evaluations of the services rendered on a regional basis by diagnostic category to insure that a balanced caseload is achieved in the various districts.

Caseload management must also consider the ultimate purpose of rehabilitation, placing disabled individuals in the right work setting, the competitive labor market, the household, or sheltered workshops. As the scope of the vocational rehabilitation program increases, it will become necessary to consider more carefully the effect of the work of vocational rehabilitation on the labor market. For example, in 1967-1968 the 1,948 workers rehabilitated entered the following activities:

Professional, Technical, and Managerial	173
Clerical	373
Sales	86
Service	501
Farming, Forestry, and Fishery	22
Industrial	610
Special	183

Considering the shortage of labor existing in Connecticut, this is a valuable contribution to the operation of the labor market.

RECOMMENDATION 48: Evaluative operational research activities must be started in an effort to gear caseload management directly toward the fluctuations in the labor market, on both a short-range and long-range basis.

Caseload management in Connecticut rests heavily on the provision of services to the vocationally disabled by private agencies. A study of current Division of Vocational Rehabilitation patterns of providers of services, including present and projected capacity of the provider, would be most helpful in future planning.

The ultimate expression of the vocational rehabilitation program is found in caseload management and the subsequent results of that management. It was emphasized at the Public Hearing that there should be a study of the differences between the service programs, as they exist at the local level, and the philosophies and program design for rehabilitation services as stated at the national and State level. There seems to be some inconsistency between what is said and what is done.

Finally, caseload management should concern itself, not only with successes (the rehabilitated employed), but also with the "drop-outs" from the programs of the Division of Vocational Rehabilitation. Additional research on this problem is an absolute necessity.

In addition there should be a constant follow-up, on a sample basis, of rehabilitated clients. On the basis of the questionnaire—*A Look at Today to Plan for Tomorrow*—there is a definite need for follow-up of clients after closure. Less than one-half of the operating respondents reported follow-up on a limited number of closed cases.

The accompanying Table represents the active caseload of the Division of Vocational Rehabilitation in Connecticut as of October, 1968.

ADMINISTRATIVE LOCATIONS OF THE STATE VOCATIONAL REHABILITATION AGENCY

At present, there are five district offices in the State, with local offices attached to each. The present arrangement is depicted on the following chart and the map. The local offices being considered are marked with an asterisk. If this plan is followed, there will be one or more full time representatives in each of the labor markets (as defined by the Connecticut State Department of Labor), resulting in closer working arrangements between the Division of Vocational Rehabilitation and the Connecticut State Employment Service. The two smallest districts are the Norwich and Waterbury offices which include large rural areas.

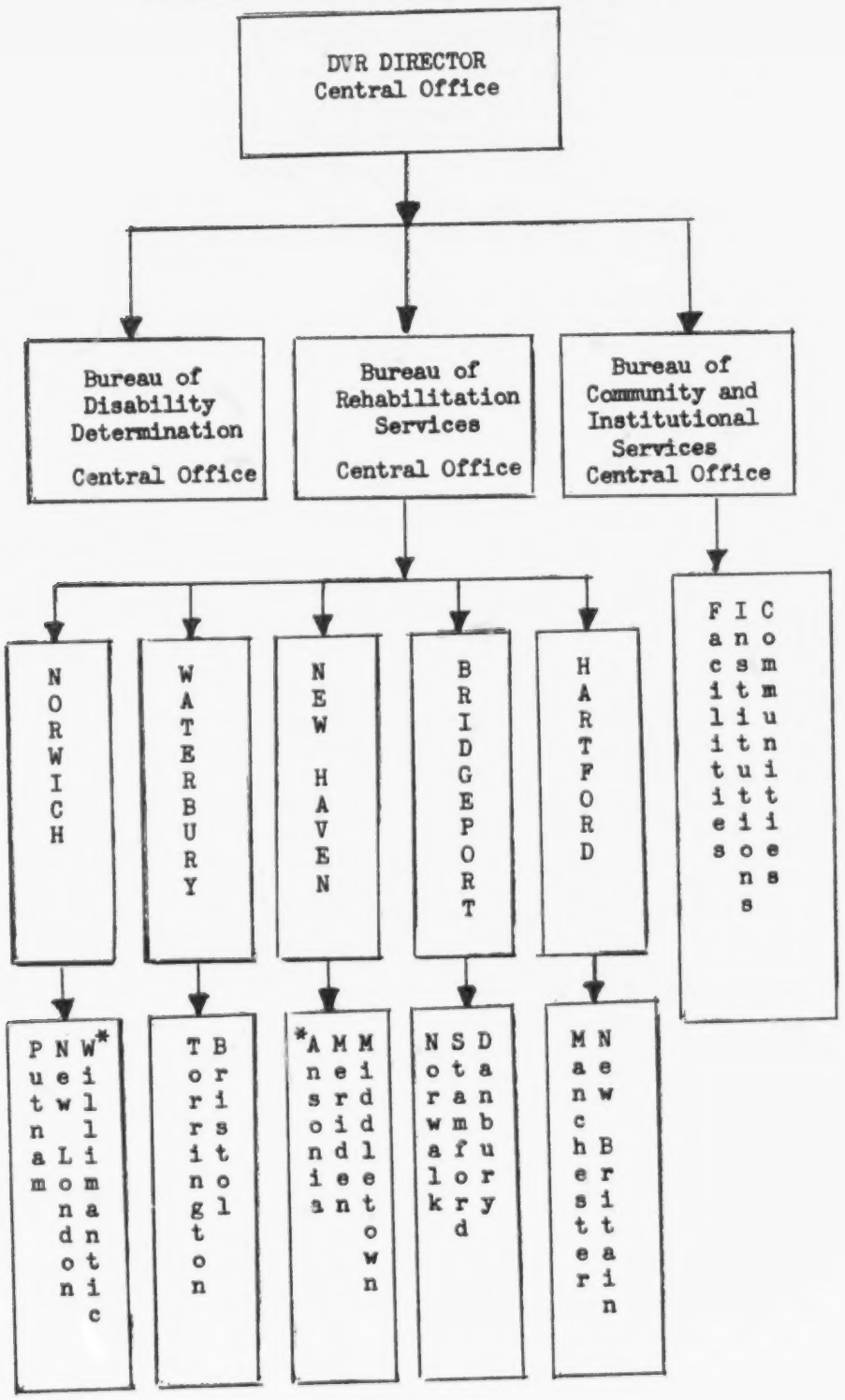
RECOMMENDATION 49: Local vocational rehabilitation offices, consisting of at least one counselor and a clerk, should be opened in each of the following towns: Putnam, Willimantic, Ansonia, and Manchester.

In addition to maintaining offices in the various labor markets, the Division maintains counselors in the public high schools, and in the State's mental institutions.

The geographical and institutional distribution of the Division's offices are important in relation to other state agencies concerned with human welfare problems, including the Welfare Department, the Labor Department, the Department of Community Affairs, and the Human Rights Commission.

ADMINISTRATIVE LOCATIONS

DIVISION OF VOCATIONAL REHABILITATION[1]



*Proposed additional local offices

[1]Does not include institutional locations

Presently, working boundaries of these agencies do not coincide, but it is vital that if differences are to exist, they should be based on justifiable cause rather than chance.

RECOMMENDATION 50: The various human welfare agencies should make a joint study of their working boundaries in order to achieve congruity with existing boundary definitions. Congruence of boundaries, where feasible, would strengthen working relationships among such agencies.

PERSONNEL RECRUITMENT AND TRAINING

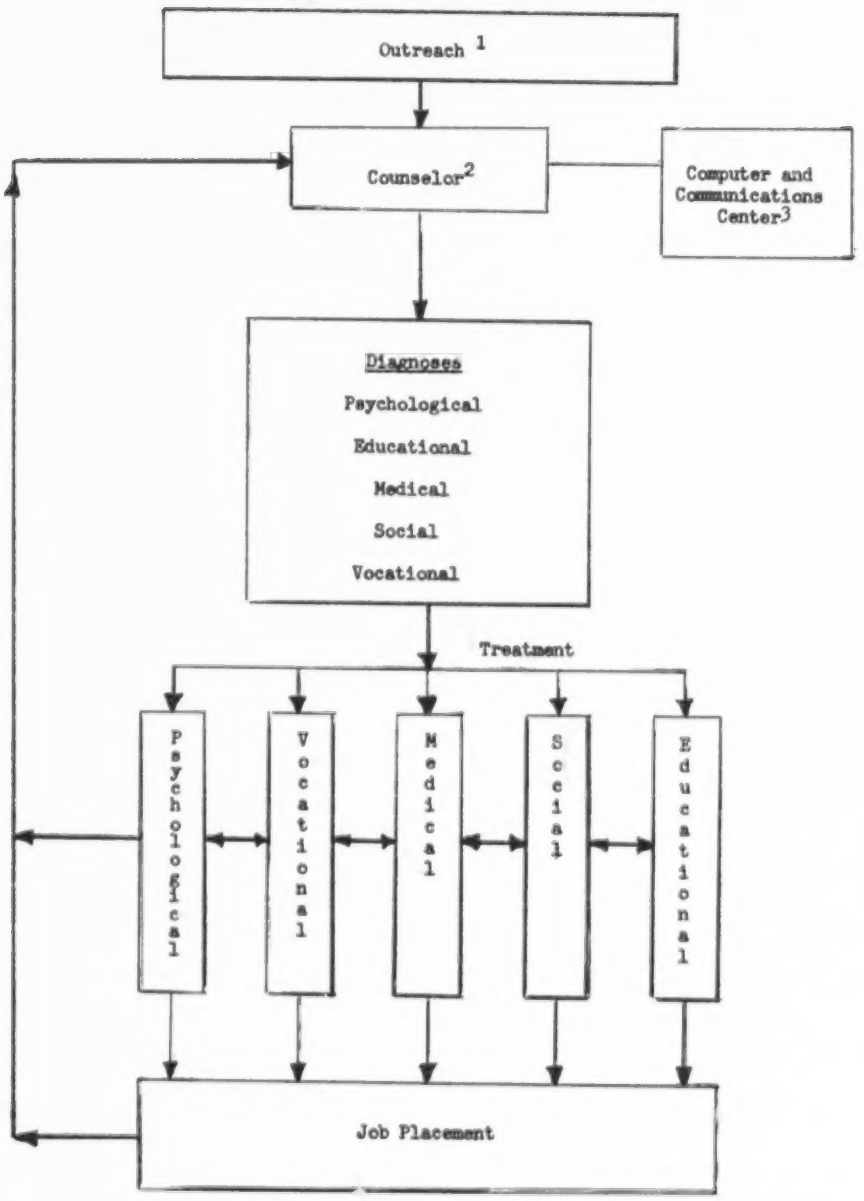
An analysis of the rehabilitation system starts logically with the basic operation of the system, or the role of the counselor. The chart which follows, Model Client Service System, demonstrates an out-reach mechanism, or referral device, by which the potential client requiring some form of rehabilitation is referred to the counselor, whose responsibility it is to refer the client to appropriate diagnostic treatment and placement agencies, and arrange to pay for rehabilitation. This referral, monitoring, evaluating aspect gives the counselor and the rehabilitation system their most distinctive characteristic. The most appropriate analogue, in terms of the counselor's role, is that of the physician in general practice. The general practitioner may be looked upon as a health counselor, providing three essential functions, or services, in terms of the client and the system:

1. Matching client need and the service system capability
2. Acting as the patient's representative in the health system to protect the patient's interest, and to assure that the system serves the patient, rather than the patient serving the system
3. Acting as an integrating device, as the patient moves from health procedure to health procedure in terms of correcting the illness

Since the counselor performs the same essential service for the client, he may be viewed in much the same way. Just as the physician in the hospital must have knowledge of the specific diagnosis, available treatment, parts of the medical capability to be utilized for a specific individual, so the counselor must have knowledge because he, too, faces the essential problem of matching the client's needs to community and agency capability. The acquiring of this knowledge, difficult enough in a static situation, is further complicated by changing community capability and programs, as well as constantly advancing technology. A counselor acts as a representative as the client moves through the system from diagnostic agency to treatment, to placement, to the job. If the client is unhappy about services received, the counselor acts as the grievance agent, dealing with the professionals in the system. Finally, the counselor facilitates the client's moves, from service to service without being lost in the system. The counselor, from the client's point of view, represents the essential integrating device as far as community services are provided.

Although the counselor himself is not a specialist, he should be able to deal with the specialist on a reasonably sophisticated level. In the literature there is a tendency to view the counselor as performing some psychological diagnosis and attempting to provide personal clinical therapy. This may derive from a need to set up an acceptable social relationship, based on trust and confidence, between counselor and client. However, the trust, acceptance, and confidence that a client has in his counselor grows, not from this pseudo-psychological effort, but from

MODEL CLIENT SERVICE SYSTEM



[1]In his Client Flow System (Appendix, p. 357), Sholom Bloom has placed a professional worker, or technician, as the link between client and counselor, who is an information and referral specialist. As such, he would fulfill an outreach function which is included in Dr. Stanley Young's system.

[2]In the present rehabilitation system, the counselor should function as an information and referral specialist. Sholom Bloom has indicated the need for such a specialist in his Client Flow System (Appendix, p.357), without designating who should fill this need.

[3]It was suggested by Sholom Bloom, in his Client Flow System (Appendix, p. 357), that a Computer and Communications Center would be useful to the information and referral specialist. This modification has been added to Dr. Stanley Young's system.

the counselor's technical know-how in providing proper services and representing the client in his progress through the service system. There are trained, qualified psychological clinicians in the community to diagnose and treat. It is not the role of the counselor to attempt to do this.

Articles, speeches, and conferences constantly stress need for agency coordination to provide more effective services to potential clients. This is quite clear at the Federal level, as seen in the central focus of recent legislation of Model Cities and health programs. The difficulty is at the individual client level. That there is need for more effective coordination and integration of service systems to assure the right people receiving the right services, efficiently and without duplication, presents no argument. The rehabilitation system represents the only viable solution to work effectively in the placement of its client group. The dilemma is that the rehabilitation system is restricted to an extremely small segment of the potential client group. Most of the community service system, lacking counselor, or integrating device, does not operate at maximum efficiency. Until the unique set of activities performed by the counselor is presented to the Legislature, it is unlikely that there will be an extensive expansion of the agency. This unique service which the rehabilitation system provides has to be clearly delineated and presented to the potential buyer of the service.

"Insufficient professional staff" was ranked as the greatest source of problems by the administrative respondents to the questionnaire, *A Look at Today to Plan for Tomorrow*.

They ranked more professional staff as the greatest need for 1970 and 1975. The administrative respondents ranked "insufficient clerical staff" as the fourth source of problems for them or their agencies. Because of the critical role of the rehabilitation counselor the following recommendations are made:

RECOMMENDATION 51: A continuous recruitment program to fill vacancies in staff positions in the Division of Vocational Rehabilitation should be started by assigning that responsibility to one position to be created within the Division of Vocational Rehabilitation, Personnel Recruitment Specialist. Working with appropriate agency personnel, this individual would use national placement bulletins (such as NRCA and APGA), visit rehabilitation counseling training programs, and utilize other methods, as required, to insure a constant supply of the best professional personnel available.

RECOMMENDATION 52: The Division of Vocational Rehabilitation should approach a number of organizations, such as the State Department of Community Affairs, the Poverty Programs at the local level, the Urban League, the National Association for the Advancement of Colored People, for the purpose of recruiting indigenous, disadvantaged individuals to train for careers in the rehabilitation field. Such individuals would be a valuable resource in terms of outreach and redevelopment of new programs to serve disadvantaged individuals. They could serve as a bridge between existing anti-poverty program efforts and the Division of Vocational Rehabilitation.

RECOMMENDATION 53: An immediate effort should be made to attract one Spanish-speaking staff member to each of the District offices to facilitate contacts between the Division of Vocational Rehabilitation and Spanish-speaking communities in large urban centers. This might be done, at present,

through normal employment patterns available to the Division through the proposed training programs for disadvantaged individuals, or, through organizations of Spanish-speaking people active in the large urban areas. Some arrangement may be made for volunteers serving as interpreters, on call as an interim step, to make the services of the Division more available to those with language barriers. In this connection, a long term training goal may be to train professionals in several areas of the State in the Spanish language.

The urgent need for training of personnel in the vocational rehabilitation field was well demonstrated by the results obtained from the questionnaire, *A Look at Today to Plan for Tomorrow*. The greater number of the operating respondents, counselors, and caseworkers, bore most of the responsibility for their cases, 69% having complete or almost complete responsibility. This individualized responsibility makes the training of these professionals of paramount importance. However, the questionnaires indicate that training could be improved. The importance of in-service training programs was brought out by the fact that 21% of the operating respondents thought that very little knowledge gained in the classroom is relevant to their positions. Sixty-six percent thought that quite a bit is relevant but more is learned on the job. Although in-service training programs are very important, 21.5% of the operating respondents said that their agencies do not have such training.

More programs to train professional staff ranked second as needed legislation among administrative respondents to the questionnaire. Untrained professional staff was rated the third greatest source of problems for them or their agencies. Better qualified or trained professional staff was considered the second greatest need for their agencies in 1970 and 1975. Of the administrative respondents, 36% thought that beginning professional workers were weak in counseling and guidance, 27% believed the difficulty lay in case reporting, 25% in placement; 24% felt there was a weakness in each of these areas: social work, abnormal psychology, and interviews; 22% found new professionals deficient in public relations, and 21% considered them weak in vocational evaluation. Administrative respondents thought professionals should have more course work in all necessary areas. In addition to the need for training, 16% of the operating respondents spend no time on their professional advancement, and 39% of the operating respondents and 19% of the administrative respondents were not allowed to take time off to further their professional skills.

RECOMMENDATION 54: More training sessions must be designed, with personal involvement as a primary ingredient for the Division of Vocational Rehabilitation staff, through discussion groups and other group techniques, in addition to the more traditional lecture. The rationale for training is to keep staff in touch with a growing body of knowledge, to provide a broad base for rehabilitation practices. Results of research projects, demands made upon staff by innovations in legislation, and broader definition of disability make staff training an absolute necessity at this time. The identification of training needs must be systematic and ongoing. A Training and Staff Development unit should be established.

RECOMMENDATION 55: It is recommended that special training programs be instituted that will involve Division of Vocational Rehabilitation personnel, poverty program personnel, and disadvantaged persons from the neighborhoods of the large urban centers, so that each may share with the other their needs and abilities and feelings on a personal contact basis.

PERSONNEL UTILIZATION

The importance and the apparent shortage of trained and qualified counselor personnel in the rehabilitation system requires that available personnel be utilized as efficiently as possible. Among respondents to the questionnaire, *A Look at Today to Plan for Tomorrow*, it was noted that in 1965 the ratio of professional to clerical employees was 1.2 to 1. The ratio of professional to clerical employees in 1975 will be 1.7 to 1, according to the projection based on the results of the questionnaire. The counselor or case worker respondents must presently spend 27.8% of their time on duties of a clerical or reporting nature. If the clerical force is not increased more than is here projected, they are likely to be spending even more time on clerical duties. The administrative respondents ranked "more clerical staff" as the third greatest need for their agencies in 1970 and in 1975. Service to clients was delayed or prevented by lack of vocational rehabilitation counselors, according to 12% of the operating respondents.

The growth trend of agencies demands, and will continue to demand, more personnel. If the number of staff members in each of the two categories, professional and clerical, in 1965, is taken as the base, with an index of one for each category, the projected growth can be seen.

	Professional Staff	*Clerical Staff*
1965	1	1
1968	1.7	1.2
1970	2.2	1.4
1975	2.3	1.6

This indicates that the projections for non-professional personnel are not consistent with the increase in professional personnel. This may mean that the effectiveness of professional personnel will be hampered because of this limitation.

RECOMMENDATION 56: Continued study of the work relationships, and division of responsibilities among professional and clerical workers should be ongoing.

The work of professional persons in fields dealing with human welfare is difficult to measure because of the many intangibles involved. Because of this, attempts at measurement are halted before they are even attempted.

RECOMMENDATION 57: The Division of Vocational Rehabilitation must review implicit and explicit personnel utilization policies as they presently exist, with reference to delivery of services and case load and counselor placement, in view of recommendations in this final report, and estimates of disability. Specific guidelines for counselors and supervisors must be established for their daily work.

Status reports such as the Master List Report now used by the Division of Vocational Rehabilitation, recording the status and status movements for each client by counselor, and used at both district level and Central Office cannot be wholly effective in personnel utilization, however, if data is not sent in from the district offices accurately and on time.

The most difficult question in determining a counselor's productivity is establishing the nature and characteristics of the case load for which he is responsible. A counselor may have a particular specialty (counseling in schools, mental hospitals, or particular work environments) which necessitates a unique case load. But for the majority of the counselors, guidelines and bench marks for productivity can be established.

> RECOMMENDATION 58: The present distribution of the case load among Connecticut vocational rehabilitation counselors should be studied with special reference to age, sex, race, education, and disability characteristics of each counselor's case load. These factors would be the first step in the establishment of the definition of a "general case load."

The present arrangement of counselor's positions in Connecticut is shown on the attached chart. Discussion has taken place as to a staffing pattern for the personnel involved. The idea of a rigid staffing pattern with fixed percentages in each of the categories was rejected as causing hardship and creating more problems. However, given the expected increase in personnel, some flexible staffing pattern must necessarily be derived. This problem should continue to receive attention.

COUNSELOR POSITIONS IN CONNECTICUT, OCTOBER 1968

Counselor Classification	*Education*	*Experience*	*Salary Grade*
Senior Counselor	(1) Master's Degree	(1) 4 years' professional experience	18
Counselor	(1) Master's Degree in rehabilitation or related field	(1) 2 years' professional experience	16
Assistant Counselor	(1) Master's Degree in rehabilitation or related field	None	14
Counselor Intern	(1) Bachelor's Degree in rehabilitation, psychology, education or other related field (2) Must complete Master's Degree in 3 years (3) Tuition paid by DVR if funds available	None	11

UTILIZATION OF COMPLETED RESEARCH

The value of effective research is measured in the extent that its findings permeate the daily operations of the system under study. Operating personnel are much too involved in daily problems to evaluate and implement research findings, but unless these research findings are used they are valueless.

RECOMMENDATION 59: There should be established within Research, Development and Planning, and Information Services, a Research unit which would be responsible for basic and applied research within the vocational rehabilitation system. The activities of this unit should include the following:

1. Operational studies on practices, innovations, and systems of the Division. Of particular importance would be client follow-up studies.
2. Establishment and maintenance of a case registry to facilitate studies conducted, either within the Division or by cooperating agencies. It is expected that such a registry could be initiated by systematic organization of present case referral files, augmented with data on disabled persons now collected by other State agencies.
3. Establishment and maintenance of a clearinghouse on rehabilitation research within the State. The present practice of referral by Rehabilitation Services Administration to the Division of all grant applications in the State provides the foundation for such a service. A clearinghouse is envisioned as practical, both for providing useful information to cooperating agencies and identifying research needs.
4. Organization and conduct of research interchange sessions involving both practitioners and researchers. Such a system would encourage early utilization of research findings by counselors, and stimulate researchers to attend to problems identified by the practitioners.

   To serve as a resource for such training programs, steps should be taken by the Division toward development of a Research and Training Center. It is noted that a preliminary proposal for a Research and Training Center has been submitted to the Rehabilitation Services Administration by the University of Connecticut. Such a center could serve as a laboratory for the Research unit as well as being the research interchange resource.
5. Provision of supervised field work experiences for trainees in rehabilitation research. In view of the existence at the University of Connecticut of one of the few programs in the nation in rehabilitation research, such a function would provide for an unusual opportunity for collaborative efforts.
6. Encouragement and support of applications by cooperating agencies of studies identified by the Advisory Council as needed, but beyond reasonable scope of the Research unit.

RECOMMENDATION 60: So that appropriate administrative officials may respond to the current needs in rehabilitation, there should be a permanent Advisory Council on Research, the responsibilities of which would include policy and operational consultation in identification and conduct of rehabilitation research.

70

To improve coherence among the various bodies within the State either engaged or interested in rehabilitation research, and to assure that programs of the Research unit are responsive to evolving needs, composition of the Advisory Council should include representation from the University community, the Division of Vocational Rehabilitation, the State Research Commission, private and community agencies, and industry and commerce.

STANDARDS

Minimum acceptable standards for services to be made available to the clients, who are being served through the administration of the Division of Vocational Rehabilitation and its state-wide programs, should be recognized.

These standards, applying to the available facilities and to the professional personnel involved in providing these services, might be those set down by the National Societies and Associations, which should be acceptable to all parties concerned, since they would insure, certainly, maximum efficiency in provision of services for the handicapped.

> RECOMMENDATION 61: The Division of Vocational Rehabilitation should establish minimum acceptable standards for personnel and services being supported by the Division in the State of Connecticut. The standards for personnel should be further developed in cooperation with representatives from each State professional society with members providing services to the Division.

In establishing standards for services, it will be important to consider the employee-client ratio, the minimum number of people representing specific professions who should be staffing certain Division-supported programs, and the non-professional to professional ratio in programs where this balance might be important. Any other factors found to be critical to effective workshop performance (such as available facilities) should also be considered.

PROGRAM AND PROJECT DEVELOPMENT

One of the principal deficiencies in human resource services is the absence of or the low priority given to a program development function. Professor Stanley Young in his functional analysis of a vocational rehabilitation system emphasizes the need for correcting this deficiency. (See Appendix, page 38.) The need for this program development function is also expressed in The Composite Working Plan.

> RECOMMENDATION 62: A Program and Project Development unit should be established, which will be responsible for the evaluation and improvement of existing programs and projects, and the design of new programs and projects.

SPECIAL PLANNING TOPICS

ARCHITECTURAL BARRIERS

Connecticut is one of the thirty-three states which has established construction standards for the elimination of architectural barriers. *Public Act 216, An Act Concerning Construction Standards to Facilitate Access and Use of Buildings by Handicapped Persons,* June, 1965, establishes standards for State Buildings.

Even though thirty-three states have laws concerning architectural barriers, the National Commission on Architectural Barriers to Rehabilitation of the Handicapped found that much remains to be done in this field.

The following comments are summarized from preliminary findings by the National Commission in the Division of Research and Demonstration Grants, Research Utilization *Branch*, Research, Vol. I, No. 7, January 1968:

> Architectural barriers, thoughtlessly incorporated into buildings and facilities, have in effect denied education, employment, and recreation to many of these (handicapped) citizens. Such barriers include stairs or steps, narrow or revolving doors, inadequate rest rooms, and unreachable water fountains, telephones, and elevator buttons. Their effect is often to prevent the handicapped from voting, conducting ordinary business, worshipping, and otherwise moving about as others do. Eighteen percent of all persons in America are affected by the architectural barriers, 7% of these being disabled themselves and 11% having handicapped persons in their families.
>
> Few local governments have done anything to eliminate architectural barriers in public buildings. Only one-fourth of 379 cities and towns surveyed, and one-sixth of 272 counties, reported local efforts to eliminate barriers. Lack of need was given by 30% to 40% of these officials as the reason for lack of programs. Absence of legal requirement was the second most frequently given reason. Local officials favored State legislation as the best way to make buildings more accessible. However, their weighted responses suggested that "elimination in the design stage" was really considered the most effective approach.
>
> Only 35% of 709 architects responding to a questionnaire were familiar with the "American Standard Specifications for Making Buildings . . . accessible to . . . the Physically Handicapped," and only 20% conformed to these specifications in their own designs. While architectural barriers and barrier-free design were familiar terms to 60% of responding architects, this came mostly from reading journal articles, not from their professional education. The main reason architects do not design barrier-free buildings is that clients do not ask them to. Legislation is the most controversial aspect of the architectural barriers problem. While most architects and special interest groups see the need for it, they fear it might increase costs, inhibit creativity, or be unduly restrictive. To gain their full support, reassurance on these points will be necessary.
>
> RECOMMENDATION 63: The Division of Vocational Rehabilitation should promote a program of education for the architects of Connecticut to make them aware of present legislation and of the importance of barrier-free construction, and to assist them in realizing that this barrier-free construction will not unduly increase costs, impair creativity, or be otherwise restrictive.

This program of education could be conducted through letters to architects, speeches at professional architect's meetings, and through articles in architectural publications.

See Page 35 for a recommendation concerning the removal of architectural barriers in schools.

TRANSPORTATION

Transportation was cited as a serious problem by the Regional Committees and by witnesses at the Public Hearing. Of the operating respondents who replied to the questionnaire, *A Look at Today to Plan for Tomorrow*, 24% thought that clients' transportation problems delayed or prevented rehabilitation services to their clients.

RECOMMENDATION 64: The Division of Vocational Rehabilitation should provide financial support to those private agencies which need specially equipped vans and buses for transporting handicapped persons.

RECOMMENDATION 65: The Division of Vocational Rehabilitation should arrange consortium agreements among private organizations in the larger urban areas to purchase one specially equipped van or bus for shared use by all agencies subscribing to the agreement.

RECOMMENDATION 66: The Division of Vocational Rehabilitation should consult with common carriers in the State about the possibility of providing access to their vehicles for disabled people, including those in wheel-chairs.

JOB DEVELOPMENT AND PLACEMENT

Properly trained and supervised, the handicapped have been found to be among the most reliable workers in a shop or plant. At the Public Hearing, Alice P. Irwin, Treasurer, Production Manager and Personnel Manager of the Hartford Element Company, a small job-shop type of manufacturing enterprise, related performance records of the handicapped, who comprise approximately 50% of the employees, in her shop. Mrs. Irwin noted that:

> a comparison of attendance records between the "handicapped" and non-handicapped employees is most revealing: the average loss of time per employee in the past year for the handicapped is seven days. Non-handicapped regular employees missed an average of eighteen days each. The competitive earned wage rate for the handicapped shows no variance from that of other employees.

She also observed, "we are usually able to teach the handicapped, except the retarded, every operation in the shop. The retarded show some limitations as operations become more complex or require any high degree of perceptive judge ment and skill."

However, if jobs are to be developed so that the handicapped can fit into them easily, job training and competent supervision are necessary. An expression of the need for vocational education or job training recurred repeatedly in committee meetings and at the Public Hearing. Present work adjustment and on-the-job training programs are vital, but not enough is being done. The mean percentage of clients who operating respondents of the questionnaire, *A Look at Today to Plan for Tomorrow*, felt needed training or retraining, before returning to work, was 40%; however, respondent agencies give training or retraining as a part of their services to only a mean percentage of 33% of their clients.

The Plan of Cooperation between the State Board of Education (the State Board of Vocational Education) and the Board of (Workmen's) Compensation Commissioners of Connecticut in the Administration of Vocational Rehabilitation has recognized that:

> past studies and reports indicated that the physically and mentally handicapped lose jobs more often by their failure to adjust to a work situation than through their inability to perform the job; and inasmuch as our studies also indicated that failure in job training and employment was primarily due to lack of supervision in initial training and/or employment periods, there seemed to be a pressing need to supplement current available services to provide handicapped youth with the kinds of vocational experiences and supervision which would help them past this pitfall.

As a partial solution to the need for development of special training for jobs for the handicapped, occupational training laboratories as an integral part of urban school systems was suggested at the Public Hearing.

> RECOMMENDATION 67: A long-range training program should be planned for training handicapped and disadvantaged individuals to fill manpower needs associated with rehabilitation, health, welfare, public safety, law enforcement, and other public service agencies.

Such a program would require cooperation of all agencies involved. The agencies' regular training programs might be modified and supplemented by counseling and special work adjustment training programs, designed and administered by the Division.

PROGRAMS IN PARTNERSHIP WITH PRIVATE INDUSTRY

The 1968 Federal Vocational Rehabilitation Amendments provide for training projects with industry. Because of the importance of training and supervision discussed in the previous section, the Division of Vocational Rehabilitation should more actively seek the cooperation of private industry.

> RECOMMENDATION 68: The Division of Vocational Rehabilitation, in cooperation with the Governor's Committee on the Employment of the Handicapped, and with commercial and industrial groups, should explore the possibility of specialized training programs designed specifically to meet the needs of handicapped and disadvantaged clients in the three largest urban areas of the state, Bridgeport, New Haven, and Hartford. Well-defined relationships should be sought so that cooperative training effort with business and industrial units will be operative.

The Division should concentrate on securing the cooperation of two or three industrial and commercial organizations in the State and be prepared to reinforce these training programs with the services of a counselor, assigned to the specific task of working with these organizations on training and work adjustment of disabled clients hired by such firms.

By convening business and industry leaders, the Division of Vocational Rehabilitation could act as an intermediary between the business community and the agencies, including vendors to the Division of Vocational Rehabilitation, which operate training programs for the disabled. The needs of both clients and employers must be served by these training programs.

EARLY PREVENTION

The idea was expressed in the Public Hearing and in committee meetings that an organization whose purpose is rehabilitation should be concerned with early rehabilitation since the earliest possible rehabilitation acts as prevention of later disabilities. The Division could do its part for prevention in at least two ways: by cooperating with other agencies who are attempting to eliminate the known causes of disability, and by preventive education.

A hypothetical example can be given. If LSD is found to alter the genetic structure of unborn children when taken by young people who will one day be their parents, and if this alteration in genetic structure is known to cause disabilities, it would be wise for the Division of Vocational Rehabilitation to warn young people of this frightening possibility through a thorough educational campaign in Connecticut.

RECOMMENDATION 69: The Division of Vocational Rehabilitation in its Public Relations Program should be charged with the responsibility of investigating areas which need preventive education, and of initiating the programs which the Division considers to be within its area of concern.

LEGISLATION

The Technical Advisory Committee on Legislation considered the inability of the Division each biennium to obtain sufficient money from the General Assembly one of the Division of Vocational Rehabilitation's greatest problems. Expansion of services to handle the constant back-log of disabled persons in need of rehabilitation and job placement is proceeding at snail's pace at present. With the ever-increasing caseload of disadvantaged, it becomes urgent not only to provide additional services, but also to impress upon Legislators the great economic advantage of putting disabled people to work. Because of the many problems in education today, the Committee considered that continuing the Division of Vocational Rehabilitation within the Department of Education is not practical or desirable. Unless there is an opportunity for the Division's budget to be presented and studied separately by the General Assembly, no real progress can be expected in terms of capturing additional Federal monies or meeting the priority needs already documented in the Statewide Planning Project Report.

RECOMMENDATION 70: The Advisory Committee on Legislation presented two alternatives in considering the future of the Division of Vocational Rehabilitation in Connecticut; that the Division be raised to independent commission status, or, alternately, that its position in the Department of Education be strengthened by the creation of position of Deputy Commissioner of Vocational Rehabilitation in the Department of Education. In light of these recommendations, the Executive Committee of the Planning Council and the Project Staff strongly recommend that the Governor appoint a committee to study the future status of the Division of Vocational Rehabilitation.

In order to make Connecticut Vocational Rehabilitation laws conform to the 1968 Federal Vocational Rehabilitation Amendments the following recommendation is made.

RECOMMENDATION 71: The General Assembly should be urged to remove the residence requirement for rehabilitation service. This amendment would meet the conditions set by Federal Legislation, allowing Connecticut to remain eligible for Federal funds for rehabilitation services.

Connecticut should be able to utilize all Federal funds available for special programs without a special State law to authorize each program.

RECOMMENDATION 72: The General Assembly should consider an amendment to the present State Statute which would grant direct authority to the Division of Vocational Rehabilitation to implement special Federal programs in vocational rehabilitation for the disadvantaged in Connecticut.

There was general dissatisfaction expressed at the meetings of the Technical Advisory Committee on Legislation concerning the confusion among professional and lay persons about the role of the Division, and its responsibility to clients in State residential facilities or under the supervision of other State agencies. The Legislative Committee did not think that additional legislation would remedy this situation. However, the members did recognize the need for much better inter-departmental planning, increased study of third-party financing, and a vigorous public education program to acquaint the State agency administrators, the lay public, and State legislators with the economic feasibility of a dynamic rehabilitation program in this State.

The present Federal and State legislation dealing with wages paid to workers in sheltered workshops should be reviewed to determine its effectiveness in placing and keeping handicapped workers in a sheltered workshop environment. This was a very strong concern of the Regional Committees.

THE COMPOSITE WORKING PLAN

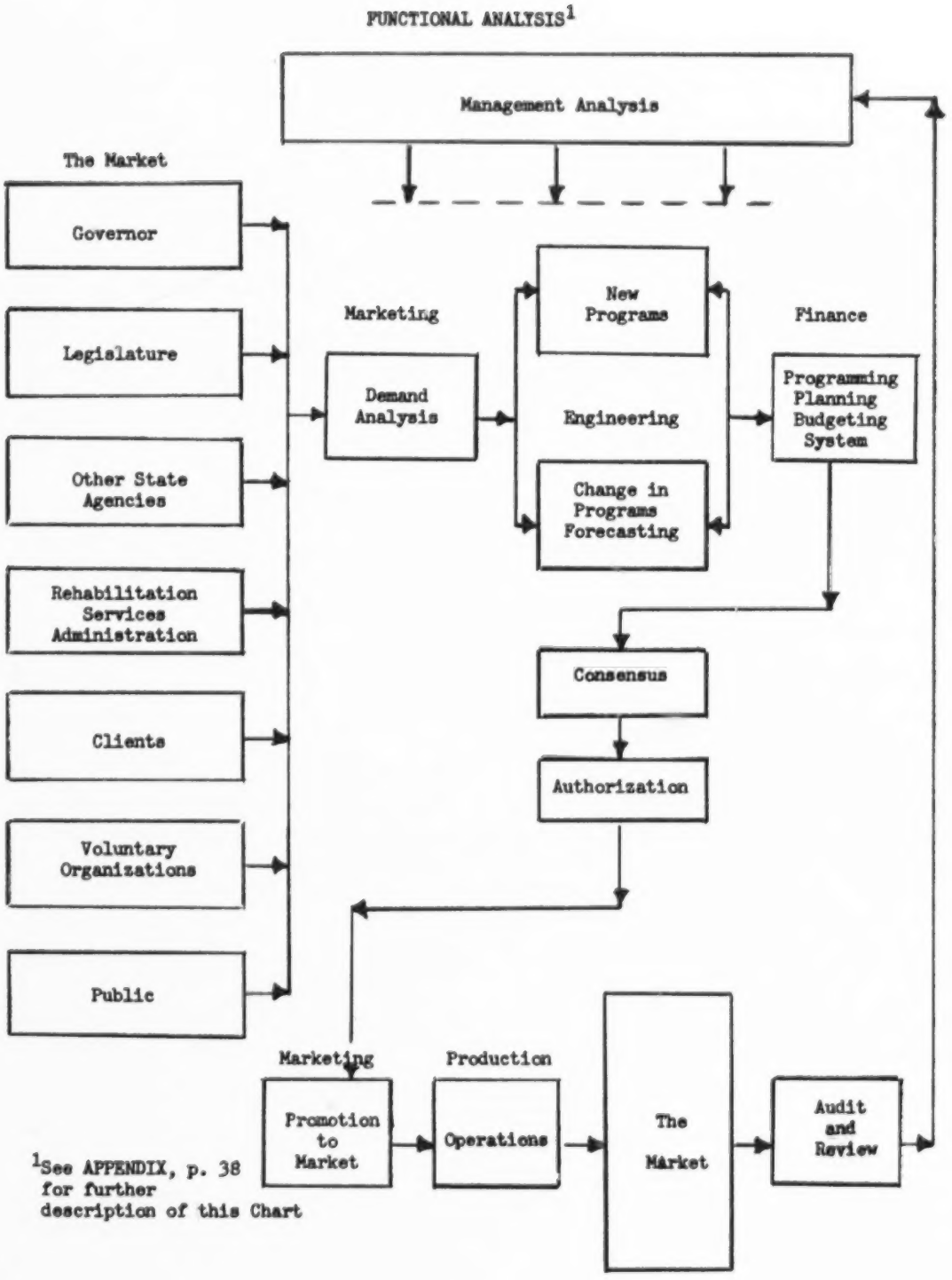
The development of a complete working plan for vocational rehabilitation services in Connecticut requires that system be viewed in a much broader perspective than has previously been the case. Professor Stanley Young (See APPENDIX, p. 38), delineates a functional analysis of vocational rehabilitation, using the analogy of a complex business organization. In this perspective, the production function of rehabilitation is the management of a network operation; i.e., the management and coordination of services provided by other agencies to the clients of the Vocational Rehabilitation System.

The marketing function, which is an extremely important part of any business organization, is not found as such in most vocational rehabilitation systems, although some aspects of it are carried on by various groups within rehabilitation. However, Rehabilitation must have a permanent marketing capability in order to retain its ability to serve current as well as future needs. A State agency or any social or business organization must have the ability to perform three functions:

1. to carry out demand analysis
2. to suggest needs for new programs
3. to sell existing and proposed programs

"Demand analysis" is a method used for determining the nature of the market as it relates to the program or particular set of services. In estimating programs to satisfy particular client groups, these questions are raised: What is the market? What is the population of the market? The legislators and the Governor are the political market which provides the funds. Other public agencies may also, potentially, provide funds. The other aspect of the market is the client population to be rehabilitated. Once that population is designated, their particular needs must be ascertained. What, specifically, do the legislators and the Governor

FUNCTIONAL ANALYSIS[1]



[1]See APPENDIX, p. 38 for further description of this Chart

want, in services, from Rehabilitation? With this very restricted customer group, it becomes particularly important to know exactly what each legislator wants from Rehabilitation, and to understand his perception of rehabilitation. Also, since Rehabilitation is within the State Department of Education, this Department constitutes the environment of the rehabilitation agency. The "prime" customers are, therefore, the legislators, the Governor, and the State Deparment of Education.

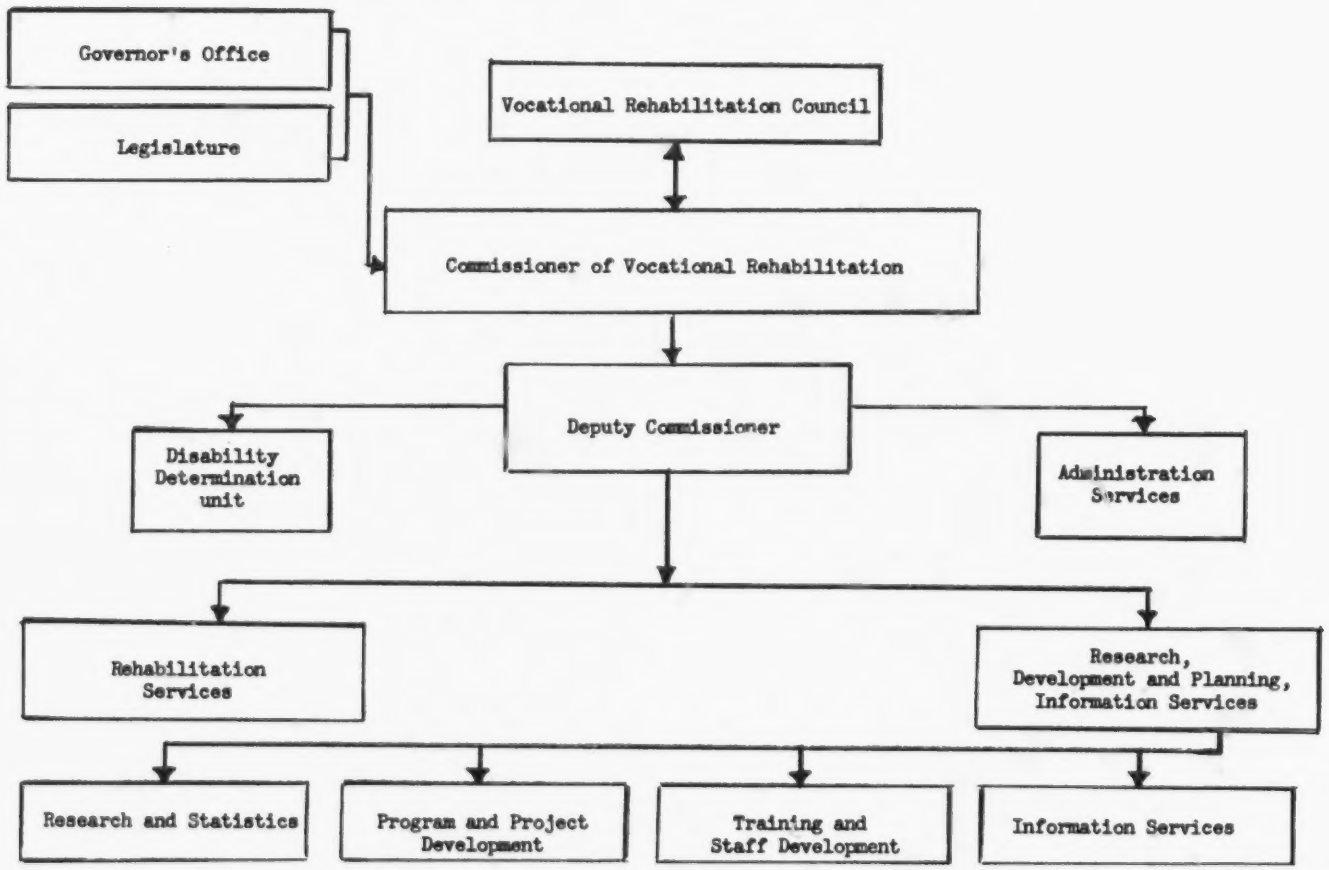
What is the customer's ability to pay? A reasonable and realistic monetary evaluation of the potential demand for services for a specified period of time, must be made; and it is in this evaluation that agencies often make serious mistakes in their forecasts. A large client demand for services can be easily documented, but in this case the client is not paying for the service. It is the Legislature which is paying for the service and will determine the amount and kind of service to be rendered. The fact that those who receive and those who pay for the service are two different groups does not really change the analysis, insofar as estimating the potential client demand for services is concerned; but demand must also be analyzed in relation to the probable budget allocated by the Legislature. Ability or inability to pay, however, does not remove the necessity of determining the potential client population in need of services or the particular kind of services needed. As far as the potential market is concerned, over the next five years a clear, realistic estimate of funds allocated at both Federal and State levels must be made, because there are more clients in need of services than there is money available to provide them. Clearly, both components of the demand analysis (budget and service) will need yearly re-examination.

The legislators' market is the basic constraint and the critical market to be sold. The legislators, representing constituents, must know the nature and extent of programs which the constituency would like to see implemented. Market data, in terms of customers' wants, suggest new programs which the program development function should evolve.

Information on demand analysis from the marketing function is sent to the engineering, or program development function, where new programs are devised and existing programs modified or eliminated. The engineering function, like all the other functions, must recognize the need for continuous modification, if the system is to reflect current problems. The engineering function serves to keep production both current and meaningful.

The finance function of a vocational rehabilitation system must be more than an historical record keeping system. Unfortunately, most of the effort usually going into a finance function is more concerned with record keeping than with future planning. An effective financial system would use forecasting extensively to prepare future budgets. Such forecasting should be part of a program planning and budgeting system, allowing Vocational Rehabilitation to review all aspects of existing programs and extend or reduce each according to performance. It would permit Vocational Rehabilitation to make budget presentations to appropriate legislative committees in a simple and direct fashion. Such presentations would show that Vocational Rehabilitation can provide a given array of services to "X" number of people (with the eligibility criteria stated explicitly), at a cost of "Y" dollars, to achieve an expected set of economic and non-economic benefits. At the end of a budget period, the managers of the system can go back to the same legislative committees, reporting precisely how closely they have achieved their objectives. Vocational Rehabilitation could then make its budget presentation for the next year, based upon the performance of previous years. Any conditions changing during the year, and affecting the program directly, such as rapid growth in other agencies' programs, or change in the matching ratio, could then be considered.

PROPOSED ORGANIZATION CHART
COMMISSION OF VOCATIONAL REHABILITATION, STATE OF CONNECTICUT



*This does not indicate the final organizational structure for the Research and Statistics, Program and Project Development, Training and Staff Development, and Information Services.

The presentations and accounting would be on a biennial basis since the Connecticut Legislature meets every two years. However, it is possible that reporting to advisory bodies, as well, on an annual basis, would be useful.

Finally, the program of Vocational Rehabilitation must continuously go through an audit review stage, to determine whether its goals are being met. The basic techniques of cost-benefit analysis must be used in the justification for particular budgets.

Vocational Rehabilitation has been cited as an outstanding human resource investment program, whose previous history and experience warrent its future expansion. However, within the Department of Education, Vocational Rehabilitation's budget and the economic advantages which flow from it are lost to the legislative and the public eye. A study of the future status of the Division (see Legislation) may serve as the framework for the supplementation of the recommendations contained in this report.

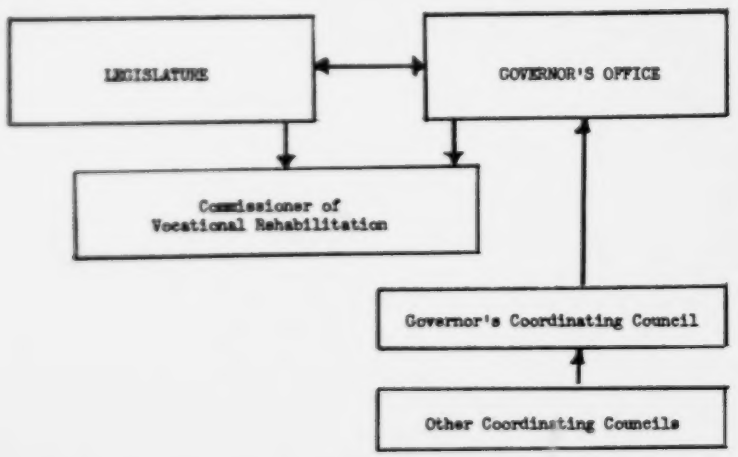
The possibility, ultimately, of an independent Commission of Vocational Rehabilitation will probably take some time to materialize, but the Commission and the broad plan which follows should be adhered to if the growth of the system is to be orderly and consistent with the increasing demand for services. A proposed organization chart for a future Commission is included.

This proposed organization covers, presently, a vocational rehabilitation program for the non-blind, only. Services to the blind are furnished by the State Board of Education and Services for the Blind. Active collaboration and cooperation characterize the relationship between the Division and this organization, but a study should be made of the possibility of combining the work of the Division of Vocational Rehabilitation and that of the Board of Education and Services for the Blind. The principal purpose of such a consolidation would be to improve and coordinate services to the blind, particularly the blind who have severe multiple disabilities.

Each of the units within the proposed organization would have certain basic responsibilities. Each recommendation in the previous portions of this report would be the particular responsibility of one of these units. A recapitulation covering the units and the duties and recommendations for which they should be responsible follows:

The Governor's Office and the Legislature

The Governor's Office and the Legislature represent the ultimate control of the Vocational Rehabilitation System. Its relationship to Vocational Rehabilitation is shown in the chart below:

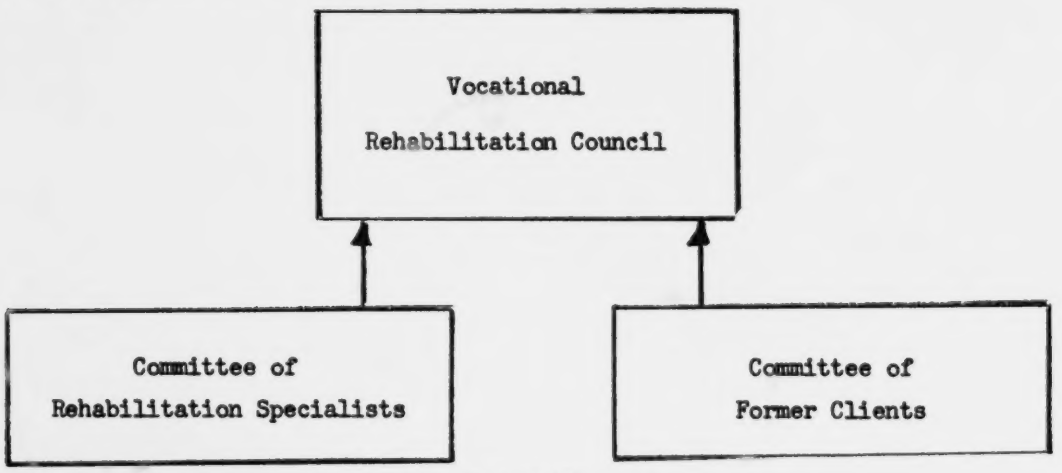


The section on Public Relations indicates the type of cost and benefit information which the Governor and the Legislature require for the appropriation, allocation, and expenditure of funds for the Vocational Rehabilitation System.

The Vocational Rehabilitation Council

The Council should be composed of citizens in the State who are concerned with the problems of vocational rehabilitation. At this time, there is a Citizens' Advisory Committee which counsels the present Division Director. The Council for the Commission should be convened at least four times a year so that it may be more active in long range planning, basic decision making, and the operations which affect vocational rehabilitation.

The Council should be advised by a Committee of Rehabilitation Specialists as well as a Committee of Former Clients.



Commissioner of Vocational Rehabilitation

The Commissioner of Vocational Rehabilitation would be responsible, primarily, for the establishment and achievement of the goals and objectives of the Vocational Rehabilitation System. The Commissioner and his representatives would be responsible for coordinating the vocational rehabilitation program with other State, Federal, and private rehabilitation agencies.

The Commissioner should work with the Vocational Rehabilitation Council, and also with a group composed of operating representatives from each of the units within the present Division of Vocational Rehabilitation. Such a group, the Rehabilitation Council, is presently advising the Director of the Division of Vocational Rehabilitation.

The Deputy Commissioner of Vocational Rehabilitation

The Deputy Commissioner would assume responsibility for Administrative Services, guide and direct the Disability Determination Unit; Rehabilitation Services (non-blind); and Research, Planning and Development, and Information Services. He is responsible for the operations of the vocational rehabilitation system.

Administrative Services

The establishment of a Commission of Vocational Rehabilitation would require the separate performance of administrative services presently performed for the Division of Vocational Rehabilitation by the Central Office of the State Department of Education.

The Harbridge House Report of 1965, *An Administrative Study of the Division of Vocational Rehabilitation of the Connecticut State Department of Education*, was very emphatic in its recommendation for an increased administrative staff. It is vital that the administrative staff be large enough and strong enough to facilitate operations and fiscal planning, thus relieving professional personnel for duties more directly related to rehabilitation services. A recommendation on the initial staffing and the financial and personnel functions of such an administrative unit is contained in this report.

The fiscal unit of Administrative Services should work toward a programming, planning, and budgeting system for rehabilitation, or develop other techniques which will enable the rehabilitation system to secure maximum value for the dollars it spends. Among the benefits which would result from a programming, planning, and budgeting system, are the following:

1. precise identification of goals, on a continuing basis
2. selection of goals which are most urgent
3. determination of alternatives for achieving goals through most effective and least costly means
4. information as to cost of programs for the next year and subsequent years
5. measurement of program performance to insure a dollar's worth of service for each dollar expended

The system should be flexible enough for necessary changes. Ideally, it would be able to adjust to a changing caseload, a larger or smaller budget, and the allotment of funds for various purposes. Necessary changes in the system would be made by a monitoring group familiar with its function.

Disability Determination

Disability Determination presently administers, and would continue to administer the program of disability determination under the provisions of the Federal Social Security Act. It would be responsible to the Deputy Commissioner for carrying out the terms of a formal agreement between the Social Security Administration of the Department of Health, Education and Welfare, and the proposed Commission of Vocational Rehabilitation.

The responsibilities of the group would be

1. to screen disability termination cases for vocational rehabilitation potential and referral of appropriate cases to Rehabilitation Services
2. to provide medical, vocational, and other data from case files, in conjunction with referrals

Rehabilitation Services

Vocational Rehabilitation Services would consist of the Central Administrative Office, with its consultants and advisory committees, as well as the present system of district offices and the present and recommended additional local offices throughout the State. Additional local offices under the supervision of a present District Office would be established in suitable locations for the purpose of integrating the State Vocational Rehabilitation Program more effectively into other community organizations. The Central Office would provide direction, supervision, and coordination of the rehabilitation services administered by the local offices.

Vocational Rehabilitation Services (non-blind) is the principal production function of the Vocational Rehabilitation System.

Research, Development and Planning, and Information Service

The existing vocational rehabilitation system is essentially a production system based on furnishing services to clients. This system has not been adequately reinforced by supportive research programs to identify and study problems; planning and development to design new programs to meet changing rehabilitation needs; training and staff development to provide new techniques to meet current problems; and, finally, information services to meet the needs of those involved in vocational rehabilitation.

It has been reasoned, in the past, that if more rehabilitation services are needed, then more counselors should be hired to provide these services. On the other hand, if the reasonable goal is to provide more appropriate kinds of services more efficiently, rather than merely increased services, then the Research, Planning and Development, and Information Services described in this section become vital. If an administrator is to make decisions about future programming, he requires planning support. He cannot, singly, be an administrator, a trainer, a program developer, a researcher, and a public information agent. With the growth of vocational rehabilitation in numbers as well as complexity, it would be poor planning simply to increase the service component, providing none of the other components vitally needed to support the increase.

Some of these support functions already exist within the present Division of Vocational Rehabilitation. However, their expansion within the framework of a Commission of Vocational Rehabilitation represents the most significant organizational change or addition in the final report. The comments which follow indicate, briefly, the broad responsibilities of the additional components. The details of the organization and staffing must be carefully determined. However, the framework presented here outlines logical functional areas. It is essential that the implementation of a future Commission in this report proceed within the framework of the organizational structure outlined here.

Research and Statistics

This unit would serve as the central resource for all research and statistical data, conducting research projects proposed by other units within the Commission, as well as projects which originate within the unit itself. It would also serve as the link to research groups in other organizations.

The interdisciplinary nature of the Vocational Rehabilitation System requires a strong research program. It must be emphasized that research which is not eventually brought into use in operations is worse than useless. It wastes funds which could have been used for case service costs. Therefore, a research program with working links to operating units is critically needed.

Program and Project Development

It would be the function of the Program and Project Development Unit to take the program priorities of Vocational Rehabilitation, study the needs, design the program, including budgets, and present a workable program or project to the policy makers. This would constitute a continuous process of evaluation and improvement of existing programs and projects, and the design of new programs and projects.

Program development would use available information, such as the recommendations of the Planning Project, or data on existing programs in other agencies and states, to design relevant, workable program solutions to meet defined needs.

Beginning with the needs of the vocationally disabled, program development would ascertain:

1. details of programs which now serve this group
2. appropriateness of these programs
3. new services which need to be given, or present services which must be expanded

Program development must work creatively within the realities of fiscal and personnel limitations.

This unit would also have the responsibility of providing consultation and supervision to the special projects it designs. It would be responsible for:

1. certification and effective utilization of established Rehabilitation Centers and Workshops, promotion of the growth and development of present facilities and of new facilities, as needed
2. consultative services to established research and demonstration projects, and promotion of the growth and development of these projects and of new projects, in response to present and future program needs
3. administration of the Cooperative School Program for services to young handicapped persons, and the development and growth of these programs throughout the State, through continued cooperation with the Division of Vocational Education, Division of Instructional Services (Department of Education), local school boards, and other related agencies

Training and Staff Development

Because of the information explosion in vocational rehabilitation, graduate education is no longer a final preparation for professional practice. The continual building of skills is necessary if the individual practitioner is to keep abreast of new developments. Vocational rehabilitation is unique in this respect because it encompasses many diverse fields. Advances in medicine, psychology, prosthetic and orthotic design, and many other fields, all affect the quality of services which the counselor must coordinate for the disabled client. As the eligibility criteria expand to include the socially and culturally disadvantaged and others, the special kinds of skills and sensitivities needed by counselors must be increased. This is the function of training: to remedy the deficiencies of service personnel by means of training and staff development.

Training must include workshop training, orientation, in-service training, and programs with institutions of higher education. The training and staff development function is a quality control method which helps to insure consistent quality services. Training and staff development may take precedence over delivery of present services if it is seen as an investment in the quality of future services, even if a time loss occurs during the training period.

Information Services

Information Services would be responsible for a broad program providing information on rehabilitation to be used by the Legislature, the Governor, the public, employers, and others. Information Services would be responsible for the following:

1. publication of a periodic newsletter to inform the Staff and interested persons of activities and new developments in the field of rehabilitation
2. audio-visual materials for Staff members to use in their local committees
3. instruction of Staff in proper presentation of those materials, and the provision of outline speeches
4. development of new opportunities throughout the State for the presentation of rehabilitation information
5. preparation and distribution of news releases pertaining to the field of vocational rehabilitation

CONCLUSIONS:

The achievement of the objectives outlined in this report will require various new services and units. There will be a need for supervision and direction from various administrative levels. Whether these levels are within a commission framework or a division framework does not alter the need for this supervision and direction; nor does it seriously affect the total cost. After the establishment of the Commission, the internal structure and allocations of duties and responsibilities must be determined in greater detail than is indicated in this study, since many of these duties and responsibilities are currently being performed in the Division of Vocational Rehabilitation. The units recommended within this Commission are consistent with the expanded needs for vocational rehabilitation services outlined in this report. The increased budgets required by the Commission will be more than justified by the improvement of the quantity and quality of rehabilitation services which are to be offered. In addition, the vocational rehabilitation program is one of the few human investment programs which, ultimately, yields a greater return than the original expenditure.

Vocational disability is difficult to define because of the many factors which enter into its determination. The vocationally disabled in Connecticut number approximately 147,000. This group, which includes the socially and culturally disadvantaged as well as the physically handicapped, is potentially eligible for vocational rehabilitation services. The extent of these services, the budgets allotted to this activity, must be examined within the system's framework recommended in this report.

The funds invested in this human resources program must be invested wisely, with both short run and long run considerations in mind. Without such an analysis, the growth of the Vocational Rehabilitation System in Connecticut will be lacking in direction and, as a consequence, the services given to clients will be inadequate.

SUMMARY OF PROJECTED COSTS

The total need for vocational rehabilitation services in Connecticut for 1970 would require a budget of $51,000,000. However, since the objective of providing rehabilitation services by 1975 to all those who are eligible is not feasible, present plans of the Division of Vocational Rehabilitation call for an active case load in 1970 of 15,000 representing approximately 15% of the eligible total. The proposed Division budget for fiscal year 1970 is $5,300,000, which represents approximately 10% of the estimated budget required to serve the vocationally disabled population. The Project has calculated an estimated cost for 1970 of $7,600,000.

In calculating budget estimates for 1970 and 1975, the Planning Project has chosen to use a different method and different assumptions, from those used by the Division of Vocational Rehabilitation. The average case service costs for rehabilitated clients by disability category, were taken for two fiscal years (1967, 1968). This average was modified by the length of time a rehabilitated client spent in the rehabilitation process (15.7 months). The average case service cost thus represented the average amount for a fiscal year per client in a particular disability category. The assumption made in the derivation of the costs estimated by the Project was that an increasing case load would be distributed more in proportion to the disabled, by category, in Connecticut than is the present case load.

The total need for vocational rehabilitation services in Connecticut for 1975 would require, according to the disability projections, a total cost of $74,000,000.

Since it would not be feasible within the five year period from 1970 to 1975 to expand services from 15% to 100% of the vocationally disabled in Connecticut, it is recommended that the Vocational Rehabilitation System should serve, by 1975, approximately 30% of the eligible disabled. This would require a total expenditure of $22,000,000.

The transition from serving 15% of the eligible disabled (15,000) in 1970 to 30% (35,000) in 1975 could be made in approximately equal increments of 5,000 clients annually during that period. The size of the increments in the case load must be contingent on a proportionate increase in funding, personnel, and facilities to serve the disabled. The growth and development of vocational rehabilitation must proceed in an orderly, planned fashion; it must not be left to chance. If left to chance, utilization of resources will be ineffective and, more importantly, the random growth of the system will adversely affect delivery of services to clients, which is the principal reason for the vocational rehabilitation system.

SUMMARY OF PROJECTED NEEDS AND GOALS FOR VOCATIONAL REHABILITATION IN CONNECTICUT

Estimated Needs—1970		
Number of Potential Clients:		100,707
Costs:		
Case Services[1]	36,500,000	
Counseling and Placement[2]	8,350,000	
Administration[3]	3,600,000	
Estimated Increase in Cost[4]	2,450,000	
Total		50,900,000
Estimated Goals—1970		
Number of Potential Clients:		14,990
Costs:		
Case Services[1]	5,400,000	
Counseling and Placement[2]	1,300,000	
Administration[3]	500,000	
Estimated Increase in Cost[4]	400,000	
Total		7,600,000
Estimated Needs—1975		
Number of Potential Clients:		115,069
Costs:		
Case Services[1]	41,700,000	
Counseling and Placement[2]	9,600,000	
Administration[3]	4,100,000	
Estimated Increase in Cost[4]	18,800,000	
Total		74,200,000
Estimated Goals—1975		
Number of Potential Clients:		34,520
Costs:		
Case Services[1]	12,500,000	
Counseling and Placement[2]	2,900,000	
Administration[3]	1,200,000	
Estimated Increase in Cost[4]	5,600,000	
Total		22,200,000

Footnotes:

[1]The average case service costs for rehabilitated clients by disability category were taken for two fiscal years, 1967 and 1968. These averages were modified by the length of time a rehabilitated client spent in the rehabilitation process (15.7 months) to give an average annual case service cost per client of each disability category. These annual costs were multiplied by the number of clients projected for each disability category.

[2]The number of potential clients was divided by 200, which was considered to be a maximum counselor caseload. This yielded the number of counselors needed, which was multiplied by the 1967-1968 average counselor cost to give a counseling and placement estimate.

[3]The administrative costs in the 1967-1968 budget represented 8% of the total budget, excluding administrative costs. This percentage was used in estimating administrative costs for 1970 and 1975.

[4]Five per cent compounded annually was used.

VRA Codes	Disability	Average Annual Case Service Cost per Client[1]	PROJECTED NUMBER IN NEED OF VOCATIONAL REHABILITATION AND PROJECTED CASE SERVICE COSTS 1970 Number in Caseload[2]	1970 Case Service Costs	1975 Number in Caseload[2]	1975 Case Service Costs	PROJECTED CASELOAD GOALS AND CASE SERVICE COSTS 1970 Number in Caseload[2]	1970 Case Service Costs	1975 Number in Caseload[2]	1975 Case Service Costs
100-119	Blindness	—					—	—	—	—
120-149	Other Visual Impairments	$212	8,428	$1,784,292	9,632	$2,039,191	1,254	$265,848	2,890	$612,680
200-219 220-229	Deafness and Other Hearing Impairments	368	2,924	1,077,172	3,354	1,235,580	435	160,080	1,006	370,208
300-319 320-339 340-359 360-379 380-399	Orthopedic - Paraplegia Orthopedic - Hemiplegia Orthopedic - one or both Orthopedic - upper or lower Orthopedic - other	421	26,918	11,335,977	30,788	12,965,750	4,006	1,686,526	9,236	3,888,356
400-449	Absence or Amputation of Members	471	602	283,428	688	323,917	90	42,390	206	97,026
500	Psychotic Disorders	344	2,378	817,889	2,709	931,734	354	121,776	813	279,672
510	Psychoneurotic Disorders	295	2,378	701,558	2,709	799,209	354	104,430	813	239,835
520 521 522	Alcoholism Drug Addiction Other Character, Personality, and Behavioral Disability	254	2,038	517,143	2,322	589,208	303	76,962	697	177,038
530	Mild Mental Retardation	225	2,888	648,934	3,290	739,263	430	96,750	987	222,075
532	Moderate Mental Retardation	432	2,888	1,247,125	3,290	1,420,721	430	185,760	987	426,384
534	Severe Mental Retardation	677	1,019	690,036	1,161	786,194	152	102,904	348	235,596
600-609	Cancer	*								
610-619	Allergic, Endocrine System, Metabolic and Nutritional	603	5,590	3,370,938	6,364	3,837,682	832	501,696	1,909	1,151,127
620-629	Diseases of the Blood	*								
630	Epilepsy	279	602	167,940	688	191,931	90	25,110	206	57,474
639	Other Disorders of the Nervous System	*								
640-644	Cardiac Conditions	338	15,996	5,403,769	18,318	6,188,187	2,381	804,778	5,495	1,857,310
645-649	Other Circulatory Conditions	*								
650-659	Respiratory Diseases	258	4,472	1,151,853	5,160	1,329,061	666	171,828	1,548	399,384
660-669	Digestive System Disorders	200	7,654	1,532,714	8,686	1,739,372	1,139	227,800	2,606	521,200
670-679	Genito-Urinary System Conditions	*								
680-689	Speech Impairments	355	945	336,208	1,032	366,723	141	50,055	310	110,050
690-699	Other(not elsewhere classified)	*								
	All other[3]	*417	12,986	5,409,188	14,878	6,197,282	1,933	806,061	4,463	1,861,071
	Totals		100,707	$36,476,164	115,069	$41,681,006	14,990	$5,430,754	34,520	$12,506,486

[1]A two-year average of fiscal years 1966-1967 and 1967-1968 was used.

[2]The number of potentially eligible individuals was modified by 14% to reflect the experience of 1966-1967 which showed that 14% of those who applied for vocational rehabilitation services were not accepted for these services.

CONTINUED PLANNING AND FOLLOW-UP

Dr. Stanley Young's systems approach to the whole area of rehabilitation provides an intrinsic review of the flow of the system. If the system is properly implemented, the review will be automatic and frequent.

The future Commission contains the Research, Planning and Development, and Information Services Section. This group would provide the necessary planning function. As an interim step, the present Division has created a skeleton Research, Planning and Development Unit consisting of three permanent positions. This group of three should serve as the nucleus of the Research, Planning and Development, and Information Services recommended for the Commission. However, this group should immediately be augmented by consulting specialists qualified to structure a Research and Statistics Unit, a Program and Project Development Unit, a Training and Staff Development Unit, and an Information Services Unit.

Planning may also be continued, with the assistance of the Travelers Research Center, which recently established a Social Systems Research Group. It could be used as a consultative body to help establish the Commission plan, to devise managerial structures, and to design information flows within the vocational rehabilitation agency.

In the earlier sections of this report, such items as extension of services, opening of additional offices, personnel utilization, and interagency coordination were assigned to particular groups within the present vocational rehabilitation organizations. These groups must be responsible for the follow-up on these recommendations.